

THE NORTH-WESTERN
MEDICAL AND SURGICAL JOURNAL.
NEW SERIES.

VOL. II.

NOVEMBER, 1853.

NO. 7.

ORIGINAL COMMUNICATIONS.

ART. I.—*Report from the Medical Wards of the Illinois General Hospital*
By N. S. DAVIS, M. D., one of the Physicians to the Hospital, and Prof.
of Pathology, Practice of Medicine, and Clinical Medicine in Rush Medical College.

(Continued from last Number.)

DELIRIUM TREMENS.—In the first part of this report it was stated that six cases of Delirium Tremens had been admitted into the Medical Wards of the Hospital.

Of these, four were simple uncomplicated cases, commencing from one to three days after a protracted period of intoxication.—All these were readily controlled by full doses of morphine, repeated at such intervals as to preserve uniformity of effect, and recovery took place in from four to ten days. The other two cases commenced while the patient was still indulging in frequent and excessive alcoholic potations, and were complicated, one with acute inflammation of the mucous membrane of the stomach, the other with dysentery. The latter M. F., a young man, was brought to the Hospital on the 25th June. He had been drinking the same day. His brain and nervous system were highly excited, his mind extremely fearful, and haunted with images of every shape, his skin warm, pulse quick and hard, eyes injected, abdomen tender, evacuations frequent, mucous and small in quantity. Directed entire quiet, with a powder containing one grain of morphine and

women, and *Enfans Trouves*; three houses of retreat: *Ménages, la Rochefoucault, Saint Perine*; four foundations: *Boulard, Brezin, Devillas, Lambrechts*: in all twelve establishments, containing on the 1st January, 1852, 9,210 insane or aged. There entered during the year 9,290; 7,765 went out for various causes: 1,538 died; and there remained on the 31st Dec., 9,197.

The total number of days of administration to the insane, old, and infants, was 3,491,748. The days of the *employees* were 416,029; that is to say, two *employees* to seventeen subjects.

The annual expenses of each bed was 411f. 98c.; the average number of beds occupied 9,556, and the price per day 1f 13 nearly.

The mortality in the general hospitals was as 1 to 10.27; in the special hospitals as 1 to 19.44, and as 1 to 6.92 in the *Maison de Santé*. This is as 1 to 11.80 in all the establishments united.

Among the insane of the 3,662 the mortality was as 1 to 4.61; in the *hospices* and houses of retreat as 1 to 6.55, and in the founded *hospices* as 1 to 5.77; in all, as 1 to 5.93.

It is not without interest to search for the mean number of days those live admitted to these various establishments. M. Davenne has calculated that during the period of five years, from forty-four to forty-eight, the average life was five years, five months and sixteen days.

The number of *enfants trouves* and orphans received in 1852 was 3,033. Of these, 271 are supposed to be legitimate; 2,762 natural; 527 came from the *Maison d'Accouchement*; 280 from the hospitale of Paris; 2,154 were born in Paris; 244 out of it, and 98 were deposited without any cognizant mark. On the first of January there were being entertained 13,787; the number received during the year raised the sum to 17,880, and after deducting the number who left or died, there remained 13,829.

Finally, the indigent population inscribed at the *Bureau de Bienfaisance* comprises a total of 77,999 individuals, divided in 33,741 families; 46,766 adults."

THE NORTH-WESTERN
MEDICAL AND SURGICAL JOURNAL.
NEW SERIES.

VOL. II.

NOVEMBER, 1853.

NO. 7.

ORIGINAL COMMUNICATIONS.

ART. I.—*Report from the Medical Wards of the Illinois General Hospital*
By N. S. DAVIS, M. D., one of the Physicians to the Hospital, and Prof.
of Pathology, Practice of Medicine, and Clinical Medicine in Rush Med-
ical College.

(Continued from last Number.)

DELIRIUM TREMENS.—In the first part of this report it was stated that six cases of Delirium Tremens had been admitted into the Medical Wards of the Hospital.

Of these, four were simple uncomplicated cases, commencing from one to three days after a protracted period of intoxication.—All these were readily controlled by full doses of morphine, repeated at such intervals as to preserve uniformity of effect, and recovery took place in from four to ten days. The other two cases commenced while the patient was still indulging in frequent and excessive alcoholic potations, and were complicated, one with acute inflammation of the mucous membrane of the stomach, the other with dysentery. The latter M. F., a young man, was brought to the Hospital on the 25th June. He had been drinking the same day. His brain and nervous system were highly excited, his mind extremely fearful, and haunted with images of every shape, his skin warm, pulse quick and hard, eyes injected, abdomen tender, evacuations frequent, mucous and small in quantity. Directed entire quiet, with a powder containing one grain of morphine and

three of camphor to be given at once, and half of the quantity repeated every hour until he became quiet. Then the same medicine was to be given at longer intervals.

JUNE 26th.—Patient had a little unquiet sleep during the night, but is much excited again this morning—has had no discharges from his bowels—pulse less quick and hard—skin moist; directed tincture of opium 40 drops, with chloroform 10 drops, repeated every 2, 3, or 4 hours, according to the effect in preserving quiet.

JUNE 27th.—Patient slept considerable during the night, appears more rational this morning; skin cool—pulse less frequent but firm. No evacuation of bowels since first day of admission.—Directed a laxative, consisting of one table spoonful of castor oil, with 30 drops of oil of turpentine, to be followed immediately by the tincture of opium and chloroform sufficient to induce sleep.

JUNE 28th.—The oil operated freely, and he appears quite free from excitement this morning; the skin is cool—the pulse 90 and weak—looks pale—tongue moist and clean, and sweat freely during the latter part of the night, but slept very little. Directed him to take a powder of sulph. morph. one grain, and sulph. quinine three grains, every three hours, and some beef tea for nourishment. During the middle of the day, while the nurse was momentarily absent from the room, the patient quickly raised the window and made good his escape. In the evening he entered a shop in a distant part of the city, and acted so unusual that some police officers were called in, which adding to his fears and hallucinations, caused him to make a desperate resistance to their attempts to arrest him. The officers being ignorant of his true condition, subdued him by violence and forcibly carried him to the watch-house, where he suddenly expired, almost immediately after their arrival.

The immediate cause of so sudden and unfortunate a result, was not satisfactorily ascertained. The intense cerebral excitement produced by the forcible arrest doubtless aided materially in producing the mischief.

The remaining case of delirium tremens was admitted into the hospital on the nineteenth of January. He was a Canadian by

birth, about 30 years of age, and had been drinking intoxicating liquors excessively and almost daily for the last twelve months.—The first distinct symptoms of delirium, had commenced on the day previous. At present, his face is flushed; skin hot and dry; pulse quick, small and hard; tongue clean, moist, and redder than natural, and unusually pointed at the tip; much thirst; no appetite; frequent vomiting; epigastric region full and tympanitic, and very tender to pressure. His muscular movements were quick and tremulous, and his mind constantly agitated with fearful images and horrid phantoms, not only preventing sleep, but keeping the whole system in a state of strong excitement. Directed the application of a mustard sinapism to the epigastrium, and the exhibition of a powder composed of sulph. morph. $\frac{1}{2}$ gr., and sub. murias hydrag. 3 grs., every *two* hours. After four doses have been taken, give a table spoonful of castor oil with 30 drops of oil of turpentine to move the bowels, following the operation immediately by sulph. morph. $\frac{1}{2}$ gr., and sub. murias hydrag. 1 gr. every four until sleep is induced.

JAN. 21st.—Mind more tranquil, pulse less frequent and hard, skin more moist, the abdomen less tympanitic but still somewhat tender to pressure, and occasional vomiting, with much thirst and a craving for alcoholic drinks. Directed the powders of morphine and calomel to be continued every three hours, with warm hop fomentations over the abdomen.

JAN. 22nd.—All the symptoms still further improved; mind quite tranquil, but still much epigastric tenderness and disposition to reject all nourishment. Directed a powder composed of sulph. morph. $\frac{1}{2}$ gr., blue mass 2grs., and bi. carb. soda 3 grs., to be given every four hours. Also mustard sinapisms over the abdomen sufficient to keep up a moderate counter-irritation.

JAN. 23d.—Patient still remains quiet, sleeps some, pulse not more than 98 per minute but small, skin moist, and less disposition to vomit. The gums are slightly touched with mercurials, the bowels have not been moved during the last 48 hours and are more distended. Directed the powders to be discontinued and a laxative given, consisting of castor oil $\frac{1}{2}$ oz., and ol. terebinth $\frac{1}{2}$ dr., with a weak solution of alum to wash the mouth.

JAN. 24th.—The oil given yesterday was slow in operating, and the patient passed wholly beyond the influence of the morphine previously taken, and soon began to exhibit symptoms of great nervous agitation and excitement, accompanied by a quicker and more feeble pulse, and greater prostration. Directed sulph. morph. $\frac{1}{2}$ gr. every one, two, or three hours, as might be necessary to produce and perpetuate a more tranquil state of the nervous system. Warm fomentations were again applied over the abdomen, and chicken tea allowed in small quantities.

JAN. 25th.—Less excited and tremulous; mind less disturbed; the epigastric region very tender to pressure, and the bowels moving every two or three hours, the discharge being thin, serous and of a reddish color. The pulse continues small and quick; the tongue red and pointed; and occasional vomiting. Directed the application of a blister to the epigastrium, and the following emulsion internally, viz: Oil of Turpentine 3ij.

Tinct. Opii, 3ij.

Gum Arabic } aa 3iij.

White Sugar }

Water, 3ij., mix very thoroughly and give one tea-spoonful every two hours, with sulphate of morphine $\frac{1}{4}$ gr. in each dose.

JAN. 25th.—Mind and nervous system more tranquil, and less inclination to reject food or drink, though the bowels continue to move often. Continue same treatment, with two or three spoonfuls of beef-tea every three hours.

JAN. 27th.—Symptoms of delirium tremens all subsided, but the patient much prostrated, with a highly irritable state of the gastric and intestinal mucous membrane. Directed the same medicine internally once in *three* hours, and between each dose of the beef-tea give two table spoonfuls of sweet milk mixed with lime-water, in the proportion of three of the former to one of the latter.

JAN. 29th.—Patient has continued slowly to improve, the stomach and bowels less irritable, and abdomen less tender to pressure. Continue the emulsion once in 4 hours with the morphine *only at night*.

JAN. 30th.—Patient remains quiet; abdomen less tender; pulse less quick; no alvine evacuations, but the urine is scanty and irritating to the urethra, and there remains a sense of burning near the cardiac orifice of the stomach increased by food or drink with entire loss of appetite. Discontinued the emulsion and morphine, and directed an infusion of juniper berries and uva ursi, to be given in doses of a wine-glass-full every three hours, and the same quantity of a mixture of milk 3 parts and lime-water 1 part, between each dose of the infusion—also a small blister over the cardiac region of the stomach.

FEB. 2.—The patient continued slowly to improve until last evening, when a copious diarrhoea returned with vomiting, occasioning rapid prostration. This morning his skin is covered with a cool perspiration; eyes sunken; pulse small and feeble; tongue moist and clean; and extremities cold. Directed for him a mixture of equal parts of brandy, milk and water, a wine-glassful to be given every hour. And also, a tea-spoonful of the emulsion of turpentine and laudanum every 4 hours.

FEB. 4th.—All the symptoms improved, though the discharges continue frequent and of a dysenteric character. Ordered that the emulsion should be continued every 4 hours, and between each dose a powder composed of pulv. opii. 1gr., acetate of lead 2 grs., and diminish the punch one half.

FEB. 6th.—All the symptoms still further improved, except the irritation of the colon and rectum which continues to give rise to frequent reddish serous discharges. Discontinued all other remedies, and gave the patient pulv. opii. 1 gr., and chloride of sodium 15 grs. every three hours, and boiled milk for nourishment. This treatment was continued, only diminishing from time to time the quantity and frequency of the doses through six or eight successive days. During that time the irritation of the bowels disappeared, the strength and appetite returned slowly, and after a protracted convalescence his health was fully restored.

The foregoing was a severe example of that most dangerous class of cases, in which the delirium is complicated with gastro-enteritis, although the symptoms of the latter are often masked almost completely by those of the former. In this case the patient made no

complaint of pain or bad feeling in the stomach on admission, and yet the red and pointed tongue, the small, quick, and hard pulse, the tenderness of the epigastrium, and the quick rejection of whatever was taken into the stomach as food or drink, sufficiently indicated the nature and importance of the gastric complication.

Chronic Cases.—Among the 78 cases of chronic disease treated during the period of time included in this report there are many presenting points of practical interest. But my time and space will permit me to allude to only a few of them.

Tubercular Phthisis.—The introduction of cod-liver oil into general practice, and the hopes excited by the favorable reports of many eminent in the profession, renders it desirable to place on record all the facts that will aid in establishing the therapeutic value of the remedy. Ten cases of tubercular phthisis were received and treated in the medical wards under my care. Of these five were admitted in the advanced stage of the disease, with extensive cavities in one or both lungs, and all died in the hospital. One was a man over 50 years of age, who had long been addicted to the excessive use of *intoxicating* drinks. He was much emaciated and extremely feeble. He had a large cavity in the upper lobe of the right lung, indicated by well marked pectoriloquy, cavernous respiration, and great depression or contraction of that infra clavicular region of the chest. He lived only 48 hours after admission. Two other cases out of the ten, were in persons long accustomed to the habitual use of alcoholic beverages. I mention this fact in reference to these well marked cases, because it has some bearing on the doctrine advocated recently, that alcohol is a preventive of tubercular diseases. One of the five fatal cases, was a man aged about 70 years, who had manifested symptoms of phthisis during the last *ten* years. The disease progressed slowly. He was admitted into the hospital about twelve months before his death.

At that time the infra clavicular regions were contracted in their antero-posterior diameter, dull on percussion, with sub-mucous ronchus, prolonged respiratory murmur, and increased vibration of voice. Both the symptoms and physical signs indicated extensive tubercular deposit with softening, but no well marked cavi-

ties. Being supported by an association of his countrymen, he was supplied with wine, a nutritious diet, and cod-liver oil, which he took during most of his residence in the ward. The disease, however, steadily progressed, leading to the formation of cavities, and ultimately to symptoms of perforation of the pleura of the left side and death. Cod-liver oil either alone or combined with the acetated tincture of opium and phosphate of lime was given to the other three fatal cases, but without any apparent beneficial effect. Of the remaining five, two presented the disease in its early stage, consisting of tubercular deposits in the upper lobes of both lungs sufficient to produce dulness on percussion, irregular and prolonged respiratory murmur, increased vibration of voice, and visible contraction of the antero-posterior diameter of the chest under the clavicles.

One of these remained in the hospital only one month, during which time she was kept on a plain nutritious diet, with a table spoonful of cod-liver oil and a powder composed of phosphate of lime 10 grs., and phosphate of iron 5 grs. three times a day. Her general health slowly but decidedly improved up to the time of her leaving. She was twenty-one years of age and a native of Ireland.

The other was a man aged 35 years, who was sent to the hospital for the purpose of having one leg amputated on account of a scrofulous inflammation of the knee joint. Finding his lungs extensively tuberculated, the surgeon declined operating on the leg, and the patient was put upon treatment essentially the same as that just stated, alternated occasionally with the use of iodine or its compounds.

He remained in the hospital 4 months, during which time the disease of the knee joint improved slowly, but the tubercular affection of the lungs progressed steadily, giving rise to increasing emaciation, purulent expectoration, &c. In two other cases, the disease was in the early period of the stage of softening, and the patients remained in the hospital too short a time to gain any appreciable effects from treatment. The remaining case was a man aged 35 years, a native of Ireland. On admission he presented the following symptoms, viz: a moderate degree of emaciation;

pulse 90 per minute; breathing short; frequent cough with a pretty copious muco-purulent expectoration; appetite but little impaired, and bowels regular. Inspection of the chest showed a well marked depression of the infra-clavicular region of the right side when compared with the left; decided dulness on percussion over the same region; also at a point about two inches below the clavicle, there was pectoriloquy and cavernous respiration, with a sub-mucous ronchus all around it. The left side of the chest gave no morbid sounds except an exaggerated or puerile respiratory murmur. Entertaining no doubt of the existence of tubercular deposits and an abscess limited to the upper part of the right lung, he was directed to take during the first week five grains of iodide of potassa dissolved in a *tea-spoonful* of the saturated tincture of *cimicifuga racemosa* root three times a day, and a mixture of the compound honey of squills (hive syrup) and camphorated tincture of opium, to allay the cough, with milk, good bread, and a little tenderly cooked meat for diet. At the end of that time he began to take the cod-liver oil in doses of one table spoonful three times a day, mixed with 10 drops of acetated tincture of opium. Also an infusion of the *Lycopus Virginicus* in doses of a wine-glassfull three or four times a day. He occasionally also took the hive syrup and paregoric to allay cough. This treatment was continued until he left the hospital, a period of two months. During the first three weeks the expectoration continued copious and purulent, the emaciation increased, his pulse became quicker in the evening and he suffered from night sweats. This treatment, however, was continued with the addition of one or two doses of phosphate of lime and phosphate of iron daily, and during the last five or six weeks his improvement was uniform and well marked. When he left the hospital he had gained considerably in flesh and strength, cough less frequent; expectoration diminished and less purulent; but the infra-clavicular space on the right side remained depressed and duller than the other, though the sub-mucous ronchus had nearly disappeared, and the cavernous respiration was less perfect. He went into the country and took exercise in the open air, lived on plain but nutritious diet, and took some cod-liver oil, though less regularly than while in the hospital.

Some eight months have now elapsed and he is still enjoying a good degree of flesh and strength, without much cough or expectoration, but I have had no opportunity of examining his chest to ascertain the actual condition of his lungs since he went to the country.

This was doubtless one of those cases in which the tubercular deposit occupied only a limited portion of one lung. Having passed through its several stages there, and the system being well supported, a more or less complete cicatrization took place, giving the appearance of positive recovery.

Uterine Hemorrhage.—Mrs. T. aged 30 years, married, naturally of good constitution, was admitted into the hospital, May 25th.

About eight months previous, finding her menstrual functions interrupted, and supposing herself pregnant, she attempted to produce abortion by introducing a wire into the mouth of the uterus to destroy the foetus. This hazardous experiment was followed immediately by flowing and symptoms of moderate inflammation. The latter soon subsided, but the flowing continued moderately up to the time of admission. Sometimes it was accompanied by pain and the discharge of dark and offensive clots, but generally the discharge of blood was small, fresh in appearance and pretty constant. She was feeble in strength, anemic, and troubled with dull aching pain in her back. She said she had been much of the time under the care of a physician, who had prescribed Acetate of Lead and opium, and a variety of other astringents internally, with the daily use of astringent washes, thrown into the vagina. On examination, per vaginam, the mouth of the uterus was found slightly relaxed and open, the body of it apparently enlarged and the hæmorrhage evidently proceeding from within the cavity. Believing the hæmorrhage to arrive from defective contraction of the uterus, and wishing to remedy this on the one hand, and to counteract the anemic state of the blood on the other, I directed for her the following mixture, viz: *R. Tinct. Ergot ʒij.*

Tinct. Ferri Murias ʒj.

mix, and give one fluid drachm three times a day in sweetened water.

She was also directed to wash out the vagina once a day, with

a female syringe, and a solution of alum containing one drachm of the latter, to half a pint of cold water. She was required to remain at rest in a horizontal posture, and avoid all stimulating articles of diet and drink.

On the third day after the commencement of the treatment, a considerable quantity of dark, offensive, and half dissolved clots of blood passed off, accompanied by some pain. After this the flowing pretty rapidly diminished, and at the end of one week was entirely suppressed. The solution of alum as a local application was discontinued soon after the discharge ceased, but the drops were continued internally ten days longer; during which time, she rapidly gained strength, the red color returned to her lips, and she was allowed to sit up, and during the last few days to walk about freely. She was discharged during the third week, apparently quite well.

Spinal Irritation.—Mr. D. B., a native of Ireland, aged about 30 years, was admitted into the Hospital on the 17th of January.

His countenance exhibited that anemic, sallow aspect, so generally seen in connection with chronic intermittents, his pulse was slightly increased in frequency, soft and easily compressed;—tongue clean and natural; bowels slightly costive; skin rather dry and slightly above the natural temperature; the spleen was enlarged, its inferior margin projecting below the ribs, and tender to pressure. The most singular feature of the case was an entire inability to maintain an erect position and a morbid sensitiveness of the whole cutaneous surface. The slightest touch on any part of the surface gave rise to painful sensations and nervous agitation, *slight touches* being more distressing than firm pressure, except over the dorsal vertebræ. Pressure on this latter place, would instantly produce universal muscular agitation and spasms. An attempt to assume the upright position or even to raise the head from the pillow, would cause giddiness, rapid shaking of the head and a tremulous motion of the eyes in their sockets. All that could be learned of his history was that he had had intermittent fever most of the time since August. He was ordered the following prescription, viz: ℞ Pulv. Doveri grs. 20.

Sub. Muria; Hydrarg grs. 20. 7

Bi Carb Soda grs. 12, mix, divide into 4

doses, and give one every 4 hours until all are taken, then exhibit a laxative of castor oil.

On the 19th his symptoms had undergone no change except in relation to the bowels and spleen. The former had been freely moved and the latter was reduced in size and less tender. He was then ordered a powder containing chloride of sodium 10 grs., ferrocyanuret of iron 2 grs., three times a day, and a pill containing ext. hyosciamus 1 gr., sulph. ferri, 1gr., blue mass 1 gr., at bed time, with a diet of animal broth. This treatment was continued until the morning of the 22nd., when finding the spleen reduced to the natural size, the bowels regular, and the gums slightly affected with the mercurial; and yet no improvement in the symptoms apparently connected with the spinal irritation, the previous medicines were all omitted, and the following ordered in their place, viz: ℞ Sat. tinct. cimicifuga racemosa root, ʒij.

 Tinct. stramonii seeds. ʒss.

 Iodide of potassa, ʒiss., mix,

give one fluid drachm 4 times a day, and apply a blister over the upper dorsal vertebræ. Continue animal broth for nourishment.

He continued this treatment with a repetition of the blister up to the 29th, with only a very moderate degree of improvement.—Some slight indication of chills being manifested, he was directed to discontinue the drops, and take the following powder 4 times a day, viz: ℞ Chloride sodium, grs. 10.

 Sulph. quinine, " 2.

 Phosphate of iron, " 5., mixed.

The powders seemed to produce a dull head-ache, and at the end of three days, he was restricted to one powder at bed-time, and the tinctures containing Iodide of Potassa, again given three times a day. This treatment was continued with only slight variation until the tenth of March. Repeated small blisters were also applied to the spine. He improved very slowly, being at the date last named, only able to sit up when helped into a chair, but every attempt to help himself produced almost as much agitation and muscular derangement as at first. Still his appetite was good, and the digestive respiratory, and circulatory functions natural. I now omitted the Iodide of Potassa and Stramonium and contin-

used the Tinct. of Cimicifuga root alone, in doses of a tea-spoonful repeated three times a day, and caused three or four quarts of cold water, to be poured in a gentle stream on his head and upper part of the spine every morning. This seemed to produce a marked and decidedly beneficial effect. He was able in a few days to walk across the room, and was discharged on the 25th of April quite well.

I saw him only a few days since, still enjoying very good health. There is every reason to suppose that an earlier resort to cold douche or showering would have produced a much more speedy recovery.

In making the foregoing report, which I fear has extended to a tedious length, I aimed not merely to give the general results of treatment, as applied to different classes of disease, but have also endeavored to give such a detail of symptoms as would enable the reader to compare the cases treated, with those called by the same name, occurring under his own observation. The want of attention to this on the part of many who have published the results of experience, has very materially lessened the value of the facts communicated. Few diseases are susceptible of greater variation in their *specific* or individual character, than fevers, dysenteries, pneumonias, &c. Hence to make the results of experience valuable to others, it is not sufficient merely to state the medicines given and the proportion of recoveries, but enough of the actual symptoms must be stated to enable each reader to compare the character of the disease treated with cases of the same class, in his own field of practice. The neglect of this has led to much controversy, and much contrariety of opinion, in relation to the value of medicinal agents in the treatment of particular diseases.

Thus Dr. Fenner, and some others in the south fully entitled to our confidence, insist that large doses of Quinine will cut short an attack of Typhoid fever, and set forth the actual results of treatment for proof. Many others, like myself, find Quinine in any dose from 2grs., up to 20grs., much more likely to aggravate the Typhoid cases occurring in our practice, than to relieve them. Yet we all claim to be treating one and the same disease—*Typhoid Fever*.

But it requires only a moderate degree of attention to the *symptoms* of the cases treated by Dr. Fenner, with Quinine, to perceive

a wide difference between them and those which have come directly under my observation. Judging from the symptoms as he has given them in his brief report of cases, all his patients presented, at least in the early stage, a high grade of febrile excitement, characterized by a hot skin, quick pulse, flushed face, head-ache, thirst, activity of the capillary circulation, acuteness of sensibility, &c. In a word, the grade of febrile action was closely analagous to that active irritative excitement which exists in the hot stage of intermittents and remittents. But the typhoid fever as it occurs here almost invariably steals upon its victim slowly. He first feels dull and indisposed to active mental or physical exertion.—His head feels dull, slightly aches, or feels as if bound up tight; wandering pains in his back and limbs; occasional liquid discharges from his bowels; his appetite is variable, and his sleep often disturbed. These symptoms gradually increase for one or two weeks, before the patient finally gives up and takes to his bed.—And when he does so, his *skin* is dry, but only moderately hot, his pulse is only 85 to a 100, and less forcible than natural; his tongue is covered with a thick dirty white fur, and red along the edges; his intellect is dull and disposed to wander when he is sleeping; all his secretions are diminished, except from the mucous membrane of the ilium, which generally gives rise to from one to six thin evacuations per day; the capillary circulation upon the surface is sluggish; in a word, all the organic actions, are like the mind of the patient, dull and indifferent. Hence it is easy to see how a powerfully sedative dose of 20 grs of Quinine, should subdue the febrile excitement in one class of cases, inducing copious perspiration, and in the other only increase the torpor of the organic actions, and the stupidity of the patient.

ART. II.—*On the Use of Quinine in the Treatment of Ulcers.* By L. N. Coon, M. D.

I AM induced to write this short article, however imperfect it may be, for the purpose of adding my testimony in favor of the beneficial effects of the *Sulphate of Quinine* as a topical agent in the treatment of sloughing, indolent ulcers, as set forth by A. J. Wedderburn, M. D., Professor of Anatomy in the University of Louisiana.

Surely too much cannot be said in praise of an agent, whose application (judging from my limited experience) bids so fair to prove one of the first remedies in the *Materia Medica*, for the purpose above mentioned. I doubt not that others have found it equally effectual, in removing that peculiar indolent condition to which they are so frequently inclined.

If it is the duty of medical men to investigate and study the nature and applicability of various remedies, it is true also that their suggestions should be regarded by those who are not willing to investigate for themselves, or those who are not competent to this task. These should be ready to put into practice (on all suitable occasions) and carry out the suggestions of their superiors. By thus carefully and candidly applying and watching their effects in given cases, and under varying circumstances, we may be the humble instruments of establishing, or assisting to establish beyond a doubt, a correct and reliable course of practice in a great variety of cases.

I know that there is a disposition on the part of physicians, to some extent, to neglect the sayings of others, from the fact that they themselves were not the first to make the discovery, or perhaps more correctly speaking, the cause is a *profound indifference* to the wants, necessities, honor, and real advancement of the medical profession. But perhaps I am not justifiable in thus finding fault. I trust I shall be excused, while I give a brief statement of a case which came under my notice and care, sometime in November last.

T. M., aged 28 years, of rather strong constitution, and temperate habits. Present condition of patient—great emaciation, his countenance presented that of marked *anæmia*; was able to sit up only as supported by an attendant; pulse small and soft, rather quick; slight fever, an occasional flush on the cheek; slight cough; bowels loose. Condition of leg—ulcers extending from the patella two-thirds of the distance to the groin, covering over nearly the whole anterior portion of the thigh, spreading, breaking down and involving new tissue in the general rim. This ulcerated condition extending below the knee something like six inches, the whole surface above and below the patella presenting a number of sinuous openings, discharging a sinuous-like fluid. These ulcers

presented a dark colored appearance around them, some of them were formed by the flesh sloughing out. A probe would pass in any direction from one opening to another.

Treatment.—I first ordered the poultices which were then on, and had been for three weeks past, to be removed, then ordered the part to be washed with castile soap and rain-water. I then injected with a syringe a solution of Sulphate of Quinine, 10 grs. to 1 oz. of water, the whole surface was then covered with equal parts of quinine and flour, gentle compression was used by a light roller. He was then ordered as a constitutional remedy, a syrup composed of Sarsaparilla and Yellowdock. This treatment without variation was continued for two or three weeks, during which time the patient rapidly improved, until he was discharged perfectly sound, and in good health, with the exception of some stiffness of the joint.

Now, I am satisfied that no other form of treatment, could have so rapidly and effectually cured this patient, as the one adopted. I attribute it all, or nearly so, to the stimulating effects of the quinine, which seemed to give to the ulcers a new and healthy action, and to change the color and appearance of the sores, within forty-eight hours after their application. I hope that others will be induced to give this agent a fair trial, and communicate to us their experience.

Warrenville, Aug. 30. 1835.

ART. III.—*Case of Epilepsy of two years standing cured.* By Dr. GEO. FLETCHER, Hudson, Indiana.

Mrs. J., aged about 60 years, of very spare habits, tall and slim, was taken with fever and ague. This run on till bilious fever set in, and being reduced very low, I was sent for. I found her with considerable fever, and very weak, unable to rise from her bed, with pulse scarcely perceptible, tongue somewhat furred and considerable thirst. At the same time she complained of considerable weight in her stomach, as though a ball as large as her fist was there. Making some inquiries I learned that she was subject to fits, returning with exact regularity once in two weeks, and occurring on Saturdays and Sundays. These she had for two years.

Stimulants of small quantity with an active cathartic, followed by quinine, broke the fever.

During one of my visits she was taken with a fit. It was quite severe. It came on suddenly, with no premonition of its occurrence. Rigid spasms of the face and muscles occurred. The head was drawn to one side by short violent jerks, and the contraction of the muscles of the face distorted her features. Foaming of the mouth ensued, with violent beating of the breast with her fist.— This was followed by a dull comatose state for ten or fifteen minutes, when she was apparently as well as before.

During the fit, after the spasms had partly ceased, she vomited. This strained her a great deal, and she appeared as if something choked her. She afterwards told me she felt something in her throat which strangled her. The symptoms of worms was very plain, and I told her at once I thought her fits could be cured. I have been thus particular in detailing the symptoms of this case, that the grounds of my diagnosis and prognosis may be plainly seen.

As she had some fever at times, with slightly coated tongue, I directed her to take the following:

R Calomel, grs. 15
Pulv. Rhei, " 6

divided into three powders, and one taken every four hours. This was to be followed by:

R Castor Oil,
Ven. Turpentine, a a ʒij.

This produced a free operation, but no discharge of worms. I now directed her to take of the following powders a large teaspoon full three times a day:

Sage pulv. ʒss
Mustard ground ʒij.
Ginger pulv. ʒjss m. ft. pulv.

This was continued nearly two weeks. During the administration of this, she took each day sufficient castor oil and ven. turpentine to produce a gentle catharsis. Shortly after taking the above powder she commenced voiding worms, from one to three or four daily, and in all discharged over two hundred of the *ascarides lumbricoides*. Since that time she has had no return of the fits, and has enjoyed good health. The above powder seems to have anti-spasmodic as well as vermifuge properties, which adapt it to cases of epilepsy caused by worms.

An Inquiry. Critical and Experimental, into the Pathology of Fever By N. S. DAVIS M. D. Professor of Pathology, Practice of Medicine, and Clinical Medicine, in Rush Medical College and one of the Physicians to the Ill. Gen. Hospital.

[CONTINUED FROM PAGE 400.]

On the contrary, if you bring one thousand persons, who have never had continued fever, in contact with a fever patient, under ordinary circumstances, and continue the exposure only the same length of time as in small pox, not an average of five per cent. of the whole number will take the disease; and if the place of exposure is cleanly and well ventilated, the probabilities are that not one of the whole number will sicken from such exposure.

For three winters in succession I have almost daily visited the wards of a hospital, with a class of young men numbering from 50 to 70 persons, in which were received each season every variety of fever, including many cases of the intermittent, remittent, typhoid, and typhus types; some of the latter having been generated on ship-board and accompanied with true typhus and typhoid eruptions during life, and the characteristic post mortem phenomena after death, and yet not an average of two per cent. of these classes have been attacked with continued fever during the whole period of their attendance. Does any one imagine that a similar exemption would have followed the same kind of exposure in wards containing small-pox, without the intervention of vaccination?

Certainly not. For every physician knows full well, that with a similar amount of exposure to Variola, instead of less than two per cent. of attacks, there would scarcely be two per cent. exempt. Hence to say that "the *same kind* of exemption notoriously happens," after exposure to small-pox as occurs after contact with typhoid fever, is an abuse of language. It may be technically true, that one exemption out of a thousand cases exposed, is the *same in kind* with ninety-nine exemptions out of every hundred; but practically, in view of important pathological deductions, they are widely different, and point clearly to equally diverse conclusions.

In view of the foregoing considerations, I must repeat the declaration that no definite or useful classification of fevers can be based on their causes.

Since Morbid Anatomy has become a prominent subject study in the profession, there has been manifested a strong tendency to arrange or classify all diseases according to their supposed seat or primary location.

And this is undoubtedly the most convenient and proper basis for classifying the phlegmasia and other strictly local affections.— But since the attention of the profession was strongly directed to the morbid anatomy of idiopathic fevers, by Clutterbuck, Broussais, Louis, Andral, &c., the same basis has been adopted by many for classifying and diagnosing fevers. Thus Broussais attributed all fevers to simple gastro-enteric inflammation or irritation. Louis, after extending his investigations concerning the morbid anatomy of fevers to the most minute detail, and rejecting the doctrine of Broussais in reference to their local inflammatory origin, nevertheless based his division of continuous fevers almost exclusively on the morbid anatomy of the intestinal canal. In this respect he has been followed by many of the ablest writers of the present day, including Chomel, Gerhard, Jackson, Bartlett, Jenner, and Flint.

So true is this, that M. Louis, in all his later writings, made the presence or absence of lesions in the aggregated glands of the ileum the *test* of diagnosis; so much so, that cases classed as *typhoid during life*, if found, on *post mortem* examination, to be destitute of such lesions, were promptly transferred to the *typhus* class, or set apart as cases of false or *simulated typhoid* disease. The same is true of the more recent reports of Dr. Jenner. In reference to the same subject, Dr. Bartlett uses the following language, viz.: "That the connection between the diagnostic symptomatology of typhoid fever and the entero-mesenteric lesions is, I will not say absolute and invariable, but as nearly so as the connection between the diagnostic symptoms and the characteristic lesions of any given disease whatever in the nosology, in which this connection is not established by positive physical signs."

And in another place the same writer says: "The lesion of the *elliptical plates* seems to me to bear somewhat the same relation to typhoid fever, considered as a disease, as that which their several characteristic eruptions bear to measles, scarlatina, and small-

pox." And again, speaking exclusively of typhoid fever as distinguished from typhus, he says: "Other lesions are not accidental, but *essential*; necessary to the disease. *They always enter into its composition.* They make up one of its constituent elements. They are invariably present. This is the case with the alteration of the *elliptical plates* of the small intestine, and the lymphatic glands of the mesentery, corresponding to these altered plates." To make morbid anatomy or disease of a particular structure the basis of a classification of fevers or any other diseases, two things are essential. First, the local structural lesion must invariably be present as an integral part of the disease. Second, such local affection must give rise to the manifestation of a well marked group of symptoms or signs, by which its presence may be clearly recognized during life. For it is evident that local lesions, however constant may be their presence, which can *only* be recognized by a post mortem examination, are of no diagnostic value to the living.

Can we truthfully claim these two essential conditions for the lesions of the elliptical plates or aggregated glands of the ileum and mesentery, so much insisted on by Louis and the modern school of Morbid Anatomists?

Are these lesions invariably present in typhoid fever, and absent in all other fevers? To answer this question satisfactorily, is much more difficult than the casual reader would suppose. For the greater part of this difficulty, however, arises from the fact that there is no agreement among writers as to what shall be called *typhoid fever*. For instance, one class of writers, in their description of fevers, make no distinction between typhoid and typhus. They enumerate symptoms of intestinal lesion, such as liquid stools, tympanitic abdomen, gurgling and tenderness on pressure being made over the iliac regions, &c., as present in some cases and absent in others. In some seasons and epidemics they find these symptoms much more uniformly present than in others. And, as might be expected, they find the same diversity in reference to the presence of disease of the glands of the ileum and mesentery after death. Thus Dr. Thomas Watson, formerly connected with the Middlesex Hospital, London, and a fair repre-

sentative of the class to which we now allude, says: "Since attention has been drawn to the subject, the patches of glands, and the whole tract of mucous membrane, from the stomach to the rectum, have been diligently explored: and the result seems to be that, at certain times and places, (in other words, in certain epidemics,) the ulceration of the inner surface of the intestines is far less common than at others. It was comparatively rare in an epidemic, of which I witnessed some part, in Edinburgh. Then I came to London; and for several years I never saw a body opened after death by continued fever, without finding ulcers in the bowels. More recently, however, and especially during the present epidemic, (1838) I have looked for them, *carefully*, in many cases that have proved fatal in the Middlesex Hospital, and have discovered neither ulceration nor any other apparent change in the follicles of the intestines."

"The difference," continues the same writer, "is very striking between the kind of fever that I witnessed in London, for ten years before the arrival of the spasmodic cholera in this country, and the kind of fever that has since prevailed, and is now (1838) so rife among us. During the first of these periods, there was no eruption to be seen upon the skin; the glands of Peyer, according to my own experience of the fatal cases, were almost invariably affected; and the mortality was very moderate. The present epidemic offers a marked contrast in all these points. A large percentage of those who contract the fever die; after death we seldom detect any disease of the agminate glands of the intestine; the peculiar rash scarcely ever fails to show itself. * * * * You might, I say, almost suppose that I have been speaking of two distinct maladies. But during each of the periods in question, some scattered cases have occurred, bearing most of the characters proper to the other period."

I make the foregoing quotation *in extenso*, because it very fairly represents the views of a large class of British writers, together with some of deserved eminence in our own country. All of this class, of course, regard the local intestinal lesions as very variable; being in some cases present, and in others entirely absent, and consequently in no proper sense, diagnostic of the general dis-

case. Such would necessarily answer the general question under discussion in the negative. On the other hand, a very large class of writers, following the example of M. Louis, restrict their description of typhoid fever to such cases as present evident symptoms of intestinal disease, and reject all others. Thus Dr. Bartlett enumerates among the most diagnostic symptoms, "diarrhoea, the stools thin, watery, and dark or yellowish, sometimes consisting of blood; tympanitic distension of the abdomen, and gurgling upon pressure upon the right iliac region." And Dr. Wood, in his recent valuable work on Practical Medicine, gives so much prominence to these same symptoms that he styles the disease "*Enteric fever*." To show at a glance how far the diagnosis during life is made to depend on the manifestation of intestinal symptoms, and how closely parallel are all the other phenomena, I will place in opposite columns the symptoms presented during the active stage of the two diseases, taken from the accurate description of Dr. Wood:

TYPHOID.

"The disease being now fairly under way, exhibits the ordinary phenomena of fever; such as frequency of pulse, heat and dryness of skin, flushed face, pains in the head, complete loss of appetite, thirst and great general weakness. The pulse, though sometimes but moderately accelerated, not exceeding 90 or 100 per minute, and of considerable fulness and strength, is in other instances, and especially in females, very frequent, small and compressible, often amounting to from 110 to 120 or more.

The flush in the face is of a somewhat more purple tint than in most other cases of fever; and when it is absent, there is not unfrequently a dusky hue of the complexion, with a cer-

TYPHUS.

"The febrile condition, when established, is marked by the usual symptoms of a hot, dry skin, accelerated pulse, hurried breathing, furred tongue, thirst, anorexia and headache. The pulse at this period is often full, and possessed of a certain degree of strength; but it is generally easily compressible, and less firm and tense than in ordinary fevers, with much less appearance of excitement.

The tongue is usually moist and whitish, or yellowish white. Occasionally there is nausea or vomiting; but these are not ordinary symptoms. *The bowels are generally costive, and no stools are procured without medicine.*

Even at this early period the appearance of the face is often

tain dulness or heaviness of expression, which may be very slight in some cases but is very striking in others. Headache in some degree is very seldom absent; and not unfrequently it is the chief subject of complaint. The patient often, also, experiences pains in his back or limbs, and sometimes has a feeling of universal soreness, as if bruised or greatly fatigued.

Sometimes there is much restlessness with want of sleep. A characteristic symptom is, in many instances, bleeding from the nose, which, however, is generally slight, and not otherwise important than as a sign. In very many cases, a tendency is observed in the febrile symptoms to remission; sometimes daily, sometimes twice a day.—And occasionally the exacerbations subside with slight perspiration. The pulse becomes more frequent and less strong; the skin acquires a heat and aridity which are often described as acrid or pungent; the obtuseness of countenance and duskiness of complexion deepen; the tongue remains slightly covered, or coats itself with a thicker fur, in either case showing a tendency to dryness or clamminess, and often appearing *red* at the tip and borders; the stomach, though often retentive, is sometimes irritable; *diarrhœa* is not unfrequent; *transient pains* are felt in the abdomen, increased by pressure, especially in the right iliac region; and a slight degree of tympanitic distension of the bowels is dis-

peculiar, being of a darkish red, or dusky hue, with injection of the eyes, and sometimes congestion of the mucous membrane of the nostrils and fauces. The mind also exhibits signs of sluggishness, and the thoughts often have some degree of confusion. The headache which is felt most commonly over the brows, is often exceedingly severe, feeling, to use an expression common with the patients, as though the head would burst. These symptoms continue for several days, gradually increasing until the disease attains its height. The surface is now universally hot, with little disposition to perspiration, and the heat is of that peculiar kind, which produces in the hand a sense of pungency as well as burning.

The pulse is remarkably frequent, and generally feeble, beating from 100 to 130, and sometimes as high as 140, 150, or even 160 per minute, so that it can scarcely be counted. A paroxysmal tendency is often observed in the febrile symptoms; an exacerbation generally taking place towards night, and a remission in the morning.

The tongue in this stage usually assumes a brownish color, and becomes more or less dry, especially in the middle, while in some cases a dark sordes begins to collect on the teeth, gums and lips. Sometimes the tongue is clean, smooth and glossy, and sometimes in the progress of the disease it assumes an appearance not unlike that of raw beef. A characteristic eruption now al-

covered on percussion, with a most always makes its appearance. This consists of numerous gurgling sound upon pressure small reddish spots, varying by the hand.

The urine is sometimes little size from a mere speck, to an changed, sometimes scanty, high eighth, a quarter, or even half colored, and offensive. If the an inch in diameter, though general surface be carefully examined, erally very minute. They are red spots like flea-bites will show confined to no particular portion themselves, usually appearing of the surface; are generally not at first in small numbers upon elevated, or scarcely elevated, the abdomen, but afterwards in- above the surface, and are vari- creasing, and sometimes extend- ously, red, purplish, violet, or ing to the chest, and even to the almost black.

limbs and face. They are occasionally accom- panied with sudamina."

At the same time, inspection will often detect an eruption of small vesicles, called *sudamina*, upon the neck, upper part of the chest, &c."

The careful reader cannot fail to be struck with the very close similarity of all the symptoms named in the foregoing columns, except such as depend directly on the condition of the alimentary canal. When they differ at all, it is uniformly in *degree*, and not in kind. So true is this, that Dr. Bartlett himself acknowledges the striking similarity of all the general febrile phenomena, scarcely contending for specific or decided differences in anything except the abdominal symptoms and the *cutaneous eruption*. But the latter is so variable in appearance, and so frequently absent in both the forms of fever, that it can never serve as a basis of diagnosis or classification. In reference to the *rose-colored spots* of typhoid fever, M. Louis reports 90 cases, in 75 of which the spots were observed, and in the remaining 15 they were entirely absent. In the Massachusetts General Hospital, during three years, Dr. Jackson noticed the spots in only two-thirds of the patients.—Chomel and Genest observed them in 54 out of 70 cases. Dr. Wood, of Philadelphia, says: "As the disease has occurred under my own observation, they (the spots) are very seldom absent." On the other hand, Dr. Flint, of Buffalo, in his elaborate Reports on Continued Fever, observes that, "of the whole number of cases in both collections, viz: fifty-five, it (the eruption) was

present in thirty-five." And he adds, "careful examinations were made for the eruption in every instance, so that it is hardly possible that it could have been overlooked." Of forty cases of pretty well marked typhoid fever, occurring under my own observation, in the Hospital and private practice, during the past year, the red or rose-colored spots were discovered in only eighteen, and in several of these they were very few and transient.

Not only is the eruption thus inconstant or often absent, but the time or stage of the disease in which it first makes its appearance varies from the second day to the second or third week; differing widely in this respect from those eruptions which characterize the ordinary eruptive fevers, such as measles, variola, &c.

Again the eruptions are not as uniformly distinct and limited, the one kind to typhoid and the other to typhus, as the remarks of some writers would lead us to suppose. The largest and most perfectly developed rose-colored eruption, which came under my observation during the year, was in the case of an Irish emigrant woman, who had been only a few weeks in America, and who presented all the other phenomena of true typhus fever. Dr. Flint gives the following description of the eruption in a case classed by him as of "doubtful origin," viz.: "The eruption is pretty copious over the chest and abdomen, and extends, but sparsely, over the upper extremities. *It is not precisely the eruption of either Typhus or Typhoid, but approaches nearer the latter.* The spots are of a duller red color, are smaller, and not so distinctly elevated, or papular. The redness disappears on pressure, but not in so marked a degree, as is usually the case in typhoid. After repeated examinations, and considerable hesitation, I think the eruption is rather like that of typhoid, than that of typhus" Subsequently he entered upon the record the following, viz.: "*The eruption evidently is of two kinds, the typhus and typhoid. It extends over the face.*" On the next day another entry was made as follows: "The eruption to-day presents more the appearance of typhus."

From all this it would appear evident that the cutaneous eruptions in continued fevers are extremely variable, in their constancy, their quantity or number, the time of making their appear-

ance, and their specific character. So true is this, that their presence or absence in any given case, can scarcely be regarded as possessing any diagnostic importance.

If we examine the abdominal symptoms, we shall find them but little less inconstant and variable.

It is true that M. Louis, Chomel, Jenner, and some others, claim the presence of diarrhœa, tympanitic abdomen, and disease of the elliptical plates or aggregated glands of the ileum, in some degree, in all cases of the typhoid, and their absence in those of true typhus.

With these writers, however, no other result could have happened, simply because with them the presence or absence of abdominal symptoms determined the diagnosis. If they were present, it was deemed sufficient evidence to give the case a place in the list of *typhoid* affections. If they were absent, the case was at once placed under the head of typhus. So true was this, that in cases presenting moderate abdominal symptoms during life, with all the other phenomena of typhoid disease, yet if, after death, no changes were found in the mucous membrane and glands of the ilium, they were rejected from the list and assigned a separate rank, under the name of "*Simulated* typhoid fever." With such a mode of diagnosis, it is plain that neither M. Louis nor Chomel, nor their followers in this country, could fail of finding intestinal lesions generally present in the fatal cases of what they called *typhoid* fever. But Jenner went still farther, and in his report on the subject, founded his diagnosis exclusively on the post mortem appearances, admitting no cases as *typhoid*, that did not present actual morbid changes in the aggregated glands of the small intestine.

A dead-house diagnosis may answer the purposes of the morbid anatomist, but it can scarcely serve any useful purpose to the practitioner or his living patients.

On this point Dr. Flint, in his Clinical Reports, makes the following very just remarks, viz.: "Assuredly it is by the ensemble of symptoms during life that the determination of the type of fever is to be made, not to say that in fatal cases more or less importance does not belong to the lesions, either in confirming or

correcting the diagnosis. A post mortem test, it is obvious, is too unseasonable for all the practical purposes of diagnosis, and in cases in which recovery takes place, is wholly inapplicable. * *

This, then, is the point which I would enunciate: The determination of the question, whether a particular case of continued fever be of the typhus or typhoid type, should not rest exclusively on the presence or absence of certain intestinal lesions.

It cannot so rest, it is evident, unless the diagnostician has always the advantage of an autopsy.

But irrespective of this, the basis of the division into the two types, is the ante-mortem history. Do the two types possess sufficiently distinctive traits to be nosologically separated? If so, the distinction is undoubtedly in no small measure, strengthened by the fact that certain special lesions are peculiar to one of the types. This is a point to be demonstrably established by examinations after death, of cases in which the typhoid traits were unequivocally declared during life. So also the question whether the lesions peculiar to one of the types are invariably present, is to be settled by repeated examinations after death, of cases in which the distinctive traits of that type were exhibited during the progress of the disease. The latter question, as well as the former, should thus be fairly and fully met by an appeal to observation. It has been seen that in accordance with this view of the subject, it may probably be proved by reference to Louis' own collection of histories, that typhoid fever may exist, and prove fatal, without disease of the follicles and mesenteric glands. Other cases have been reported."*

In accordance with these views, Dr. Flint has, with great patience and care, recorded the histories of 164 cases of continued fever, occurring in his hospital and private practice, analyzed the symptoms in detail, and attempted a diagnostic classification into typhus and typhoid forms. The result is, that of the 164 cases, 73 are designated unhesitatingly as typhoid, and 65 as typhus, leaving 26 to constitute a list of doubtful cases.

After a very careful examination of the histories of these cases,

* See Clinical Reports on Continued Fever, by A. Flint, M. D. p. 245 6

I find no one symptom present during life in one class, that is not more or less frequently present also in the opposite class. That I may not misrepresent, let the reader examine carefully the following "Summary of Symptoms distinctive of Typhoid and Typhus fever," taken from the 237 page of Dr. Flint's work.

Age.—The maximum and mean age higher in *typhus* than in typhoid.

Nativity.—In typhoid, patients are foreign immigrants from different countries, with a certain proportion of citizens of this country. In typhus, they are foreign immigrants, except when the disease is communicated by contagion.

Season.—The liability to typhoid *much greater* during the autumnal months; typhus equally and *more* apt to occur during other portions of the year.

Access.—Diarrhœe present in a certain proportion of cases of typhoid, not in typhus.

General Aspect.—Capillary congestive redness greater in typhus than in typhoid.

Nervous Symptoms.—Passive delirium, manifested by incoherent talking, muttering, attempting to get out of bed, &c., present more constantly in typhus; developed *earlier* in the progress of the febrile career in typhus; but very active, persistent delirium, requiring forcible restraint, characteristic of typhoid.

Cephalagia *oftener* present after the fever becomes established, and longer in duration in typhoid.

Vascular injection of *conjunctiva* *oftener* present in typhus.

Deafness present in a proportion of cases, larger in typhus.

Digestive System.—Appetite or relish for food, *oftener* present in typhus.

A reddened tongue occasionally observed in typhoid, and not in typhus.

Sordes present in a larger proportion of cases of typhus.

Vomiting more apt to occur in typhoid.

Diarrhœa present in one half of the cases of typhoid, and in one third of the cases of typhus; in the latter type always mild or slight, but in the former sometimes prominent as a symptom.

Hemorrhage from the bowels, characteristic of typhoid.

Tympanites, present in about an equal ratio in both types; but in typhus almost invariably slight, while in typhoid it is often prominent.

Tenderness on pressure over the abdomen, an almost constant symptom in typhoid, and less frequently present in typhus.

Peritonitis from perforation of the intestine, peculiar to typhoid.

Eruption.—An eruption present in a larger proportion of cases of typhus; more abundant in typhus, frequently very copious, and extending over the upper extremities, as well as on the trunk; in typhoid seldom copious, often only sparsely scattered over the abdomen and chest, and not present in the extremities. The characters of the eruption are as follows, viz: In typhoid, rose-colored, oval, slightly elevated, redness momentarily disappearing on pressure. In typhus, of a dull red color, smaller in size, not elevated, redness imperfectly disappearing on pressure. These characters preserved in the two types in the great majority of cases. Occasionally slight variations, and some intermingling of the two kinds of eruption.

Respiratory System.—Cough more uniformly present in typhus.

Pneumonitis more apt to be developed in typhus.

Epistaxis, extremely rare in typhus, occurring frequently in typhoid. Sputa detached from the posterior nares apt to be tinged with blood in typhoid, not in typhus.

Circulation.—Greater frequency of pulse in typhus than in typhoid. The average frequency in the former exceeding an hundred per minute, in the latter falling below that number. Instances of greater frequency occurring oftener in typhus.

Skin, exclusive of eruption and congestive redness, not presenting symptoms distinctive of either type.

Duration, *longer* before death or convalescence, in typhoid, than in typhus; this rule being subject to variations, owing to an unusually short duration of the typhoid type at some periods."

It will be observed that the foregoing summary of *distinctive* symptoms, contains but two items or symptoms that are present in one type and said to be uniformly absent in the other. These are *hemorrhage from the bowels*, and *perforation of the intestine*,

seen occasionally in typhoid, but not in typhus. But, as every one knows, these are purely accidental circumstances, having no *necessary* connection with the general disease, and seen in only a very small proportion of the cases ranked exclusively as typhoid. All the other symptoms are contrasted, not by opposites, or the exhibition of differences in *kind*, but simply by differences in degree. The terms *more or less, longer or shorter, slight, or well marked, &c.*, are those used to designate the differences. And this, too, when nearly one-sixth of the whole number of cases, presenting the greatest intermixture of symptoms, have been separated out to constitute a doubtful list. It may be said that the *eruption* on the skin is an exception to the foregoing remarks; that it is not simply more or less constantly present, and more or less copious, but it is specifically different in the two varieties of fever. But a careful examination of the individual cases given by Dr. Flint proves even this not to be uniformly the case.

I have already quoted his remarks in reference to the eruption in one case where, after repeated daily examinations, he was unable fully to satisfy his own mind as to which variety of the fever it belonged. The difficulty did not arise from the eruption being mixed or made up of two kinds, but its character was so intermediate between the true *rose spots* and the typhus eruption, that it formed a perfect link between the two. I have myself seen three cases during the past season of a similar kind. On turning to the history of the cases classed as of doubtful type, in Dr. Flint's third report, the eruption in case VI. is described as follows, with the appended remarks:—"Presented at the time of his admission an eruption which is described as *dusky, not* elevated, and the redness *not* disappearing on pressure. The same characters are recorded the following day. On the next day it is simply noted that the eruption remains. On the next day several *rose spots* were observed, disappearing on pressure."

"*Remarks.*—The variation in the characters of the eruption in this case renders the diagnosis doubtful.

The patient, it will be perceived, did not enter until the sixth day, so that the time of the development of the eruption, and the character which it at first exhibited, are not ascertained. *Aside*

from the eruption, the symptoms clearly point to typhoid. The long duration of the access, and the duration of the febrile career; the abdominal symptoms, absence of delirium, and the occurrence of epistaxis, would render the discrimination sufficiently easy, were it not for the *mixed character of the eruption.*"

Case VII., not being lengthy, I quote it in full as follows:—
"Charles Madden, Irish, aged 27, admitted in March. He entered hospital three weeks before being attacked with fever, with some trifling ailment, which was not closely investigated. He was able to be up and about until attacked with fever. It is not stated whether he had recently arrived in this country. Access of four days duration. Slight manifestations of delirium on the second night after taking to his bed. Diarrhœa, the dejections being frequent, occurred on the second and third days, but did not afterwards continue. Previously there was constipation. No meteorism nor abdominal tenderness. An eruption appeared on the second day, consisting of three or four *rose spots*. The next day there was a copious eruption, dusky, not disappearing on pressure, and intermingled with a few *rose spots*.] [Maximum of pulse 114; mean frequency 96. Moderate capillary congestion. Duration of disease 13 days.

Remarks.—The *rose spots* and the *diarrhœa*, give rise to some doubts as to the diagnosis in this case. Aside from these, the evidence of *typhus predominates*.

The absence of Tympanites and tenderness over the abdomen; the early development of delirium; the appearance of the eruption early in the disease and its copiousness; the short duration of the disease and the probability of its having been contracted in the hospital, are in *favor of the typhus type.*"

From these two cases and a previous quotation, it is certain that Dr. Flint met occasionally with an eruption so compounded of the characters belonging to the *rose spots* of typhoid, and the more papular eruption of typhus that he was compelled to hesitate before assigning it to one or the other; while in one of the cases just quoted, we have *both kinds* of eruption intermingled in what would otherwise be unequivocal *typhoid*; and in the other, the same intermingling, with all the other symptoms of *typhus*.

Nothing could more clearly illustrate the truth of the remark made by Dr. Watson, that "*there is no line of genuine distinction between continued fevers that can be relied on.*"

If, instead of separating one-sixth or one-eighth of the whole number of cases into a list styled *doubtful* or *simulated*, and comparing only the extremes or strongly marked cases; we bring faithfully into the comparison all the cases that can be properly styled *continued fever*, thereby including both the *simulated* cases of M. Louis and the doubtful ones of Dr. Flint, we shall be forced again to adopt the language of Dr. Watson when he declares that "they (continued fevers) run *insensibly* into each other, even the most dissimilar of them."

The reports of Dr. Flint contain a comparatively small number of post mortem examinations, but these are recorded with the same commendable care and faithfulness that characterizes all the other portions of his work, and they embody facts of much interest.

It is well known that the great and all-important pathological fact, claimed to have been established by the *deud-house* investigations of Louis Gerhard, Jackson, &c.; and so thoroughly insisted on by Bartlett, is the development of disease in the *elliptical* plates on Peyer's glands of the small intestines, as the *peculiar* and *characteristic lesion* of typhoid fever. "The three reports (of Dr. Flint) contain an account of the appearance of the small intestines in *twenty-two* cases. Of these twenty-two cases, *thirteen* were of the *typhoid* type, eight were of the typhus type, and in one case the patient had lately passed through both types."—The following summary of the appearance is in his own language. "With respect to the typhoid types, in *three* of the thirteen cases, the *Peyerian* patches were notably enlarged, without excavations, and in the remaining *ten* cases the latter, with more or less enlargement existed. Generally, the solitary glands were also the seat of similar excavations, or of great enlargement. The mesenteric glands, also, were invariably increased in size to a much greater extent than in the typhus cases, in some instances being quite large."

"In each of the seven examinations in cases of this (the ty-

phus) type, the *Peyerian patches* have been somewhat changed, the alteration consisting apparently of a *slight* degree of hypertrophy, causing their development so as to render them visible.—In some instances the patches have been studded with black points, giving rise to what has been termed the *shaven beard* appearance.

Occasionally the solitary glands have exhibited the same kind of development, and the glandular bodies of the mesentery have been *slightly* enlarged. In no case of the typhus type, have the appearances exceeded those just described, but more or less of these appearances have been uniformly observed. Both these facts are important to be borne in mind. *These results prove sufficiently the incorrectness of the statement that the Peyerian patches and mesenteric glands are entirely unaffected in typhus.* So far as these results go, they show, on the contrary, that the Peyerian follicles are *uniformly* affected, but they contain proof only of a certain amount of morbid change, consisting, judged by the gross appearances, simply of a slight degree of abnormal development or hypertrophy."

The question now arises, whether the *slight* affection of the aggregated glands of the intestine, and also of those in the mesentery, described by Dr. Flint as present after *typhus*, is identical with the disease of the same parts after the typhoid, only less in degree? Dr. Flint evidently regards them as different. But on referring to the descriptions of Louis, Bartlett, and others, I find that when death takes place *early* in the progress of the disease, the glandular patches are often found "merely increased in thickness, with redness and softening. Sometimes the *hypertrophy* of the plates and of the subjacent tissue is quite simple, the color and consistence of the membrane remaining unaltered."*

* See Bartlett on Fevers, p. 94.

(Continued in next number.)

SELECTIONS.

From the London Lancet

Report upon a Case of Death from Chloroform.

[Communicated to the Society of Surgery, by M. DE VALLET, Surgeon-in-Chief to the Hotel-Dieu, d'Orleans.]

A soldier of the line, aged 25, apparently in good health, and of strong frame, consulted M. Vallet for a small tumour (encysted?) situated behind the right labial commissure. Before operating, M. Vallet proceeded to direct the inhalation of chloroform. The patient fasting, being placed in the horizontal posture, the chloroform (about one gramme, or gr. xx.) was poured upon a hollow sponge and applied to the nose, the mouth being left free. At the expiration of a minute, no effect having been produced, four grammes (rather more than a drachm and a quarter) were poured on the sponge, and, at the expiration of four minutes, the patient, without having experienced any irritation of the larynx, without having manifested any resistance, without redness of the countenance, and after only a slight period of agitation, fell into a state of insensibility fit for the operation. Scarcely had the incision been made necessary to expose the cyst, when the patient became pale, respiration was suspended, and he sank into a state of extreme collapse. All the usual remedies were tried, and without avail. M. Vallet opened the trachea, and performed artificial respiration with an elastic tube; then an electric current was sent by needles through the region of the heart. The patient died without any sign of reaction.

Examination of the body.—The vessels of the brain were empty; the lungs were congested with blood, which in some situations was extravasated; the heart was excessively flaccid; there were some soft clots in the right cavities; the left were empty. The stomach was full of gas; the liver, spleen, and kidneys were gorged with black blood. The blood from the subclavian veins was analysed by an experienced chemist, but no trace of chloroform was detected.

Death, according to the author, seems to ensue under two conditions:—

1. It is preceded by symptoms resembling those of asphyxia, when first respiration, and then circulation cease.

2. Life seems extinguished yet more quickly in profound syncope.

A case of death, occurring under the latter circumstance, was mentioned by M. Gorre, of Boulogne, and communicated to the Academy, 1848. A lady, aged 30, requiring a fistulous passage to be laid open, inhaled chloroform from a handkerchief, upon which about twenty drops had been poured. Scarcely had she inspired, when she exclaimed, "I am suffocated." The face became pale, the features changed, respiration was embarrassed, and froth came to the mouth. Less than a minute after the first administration of the chloroform, the handkerchief was withdrawn, and the surgeon proceeded with the operation, believing the symptoms were transitory, but life was soon found to be extinct.

In this case, as in the one already related, there were found, upon *post-mortem* examination, congestion of the lungs, and excessive flaccidity of the heart. The cerebral vessels were empty.

M. Jobert (de Lamballe) has read before the Society a well drawn up *Memoire* upon the subject of Anæsthetics. We think him rather unfair to our distinguished countryman, Dr. Simpson, to whom the merit of introducing chloroform in surgery most undoubtedly belongs, when he remarks: — "M. Fleurene in France, and M. Simpson in England, have introduced into science a most valuable anæsthetic, chloroform; the first by his experiments upon animals; the second by his administration of it to man." We cannot allow this "sharing of the honor;" and we are convinced M. Jobert will acknowledge it to be rather disingenuous. The greater part of his conclusions are not new; they are those generally adopted in this country. But, in comparing chloroform and ether, he remarks: —

"Ether irritates the passages which it traverses, is disagreeable to the patient, and excites cough. Chloroform produces no irritation, and is pleasant (?) to those who use it. Chloroform produces but feeble organic muscular irritation; ether excites it violently, since its inspiration causes agitation of the heart and other muscles. Ether provokes its anæsthetic effects slowly, and they are prolonged over some time, under the form of intoxication, pain in the head, small pulse, and coldness of the body. Chloroform, however, ceases acting after the removal of the apparatus. Ether changes the color and consistence of the blood. Such is not the case with chloroform. Chloroform does not interfere with the cicatrization of the wound; ether renders it slow, by diminishing the consistence of the plastic lymph.

"Ether excites the organs of generation; chloroform does not. Ether can, with difficulty, produce death; such is not the case with chloroform, which can make life cease instantaneously when the patient is not very closely watched. He infers that ether is preferable to chloroform, in cases where there is great depression of the nervous system from sudden injury, as after a gun-shot

wound; in cases where there has been a long and abundant supuration, great loss of blood, or where the chlorotic condition is in an advanced state."

We understand that Mr. Stanley, of St. Bartholomew's Hospital, is now giving sulphuric ether a more extended trial, in producing insensibility upon patients about to undergo operations; and perhaps it may be found that there are cases specially adapted to both preparations. Chloric ether, too,—at one time used as an anæsthetic extensively by Mr. Lawrence in private practice—should not be forgotten; it can be inhaled readily in cases where sulphuric ether excites the most uncontrollable cough.

From the Southern Med. and Surg. Journal.

Uva Ursi, a substitute for Ergot. By E. G. HARRIS, M. D., of Fayette, Alabama.

I wish to call the attention of the medical profession to *Uva Ursi*, as a substitute for *Ergot*, in producing uterine contraction. Whether it will produce all the effects, or answer all the indications of that drug, I am not able to say; but I do know that it will produce considerable uterine contraction when given during labor. Since December last I have given it in five cases, in all of which it acted more efficiently than *ergot*. In three of these cases the pains had ceased entirely, from exhaustion of nervous energy. A strong decoction of *uva ursi* was given every ten minutes, and in thirty minutes the pains had increased considerably, and in from one to one and a half hours the delivery was effected and the placenta expelled, the uterus contracting well, and no untoward symptoms taking place. In the other two cases the pains had not ceased, but were fast doing so. I gave it bountifully to two of my *new parturients*—one of them was delivered in fifty minutes, the placenta following in less than five; the other in an hour and twenty minutes, the placenta in ten. In all these cases the head occupied the superior strait at the time I commenced giving the medicine, in consequence, no doubt, of inefficient uterine contraction. The os uteri was in good condition in all the cases. Directly after the exhibition of the *uva ursi*, the pains would become strong and propulsive, lasting about the ordinary length of time; then going completely off, leaving the patient free from pain, except that produced by pressure upon the soft parts: the placenta soon followed; the uterus contracted well, and no hemorrhage more than ordinary. There was little or no tonic contraction until after the expulsion of the placenta, when it was complete.

I am aware these five cases are not sufficient to establish its reputation as a therapeutic agent in labor, yet the result of the past

encourages me to give it a further trial; and should its use in the future prove as successful in the hands of my professional brethren as it has in mine, I shall feel amply rewarded for any trouble I may have been at in bringing it to their notice. I was first induced to use it by being called to a case where the pains had ceased; and having no ergot, and knowing the effect it had on the kidneys and bladder, I gave it as above described. I prefer it to ergot for the following reasons:

1st. Because there is no danger in it; you may give it *ad libitum*. It is well known that ergot often produces nausea and vomiting, and sometimes slow weak pulse, cold extremities, dilatation of the pupils, &c.

2d. Although it increases the propulsive efforts of the uterus, yet it does not produce that tonic contraction which is so painful to the mother, and at times so hazardous to the life of the child, until after the delivery is affected: this is generally far otherwise with ergot. More than once have I seen a young and healthy mother give birth to a well developed but dead infant—not from the poison being absorbed by the mother, and through the circulation destroying the child, but *alone* by the powerful tonic contraction of the uterus compressing the umbilical cord, arresting the circulation, &c. Often have I seen the placenta retained for hours, and in two cases for a day and night after it had been entirely detached from the uterus, by the firm and unyielding grasp of that organ—all brought about by the free administration of ergot.

My plan for giving it is as follows:

R. Uva ursi, a good article, 2 oz.

Boiling water, . . . 1 pint.

Pour the water on the leaves in a pitcher or bowl, stir it till it becomes cool enough to drink, and give one-fourth as hot as it can be drank every ten or fifteen minutes, until it has the desired effect. Attention should always be paid to the condition of the os uteri, dimensions of the pelvis, &c.

From the Southern Journal.

The use of Ext. Belladonna in the Treatment of Obstinate Vomitings in Pregnant Women. By R. L. SCRUGGS, M.D., of Louisiana.

It is not a little surprising that an article capable of promptly arresting so grave a disease as the obstinate, and even dangerous vomitings, which supervene in the course of pregnancy, should have been so entirely neglected or overlooked by the profession generally; particularly when it is remembered that M. Bretonneau, more than eight years ago, announced the important fact to the profession in Europe, and pointed out the circumstances under

which it ought to be used, the manner of applying it, &c. In the many recent discussions and papers read upon the subject of the propriety of inducing premature labor for this disease, I am surprised to see no allusion made to this remedy whatever. Even in that excellent and unique work, published in 1851, by Charles D. Meigs, upon "woman and her diseases," no mention is made of it, notwithstanding he says that the affection is so untractable as to justify the induction of premature labor. M. Trousseau, in a clinical lecture, delivered at the Hospital Neckar, in January, 1848, thus alludes to M. Bretonneau's theory and practice in these cases.*

"Five years ago," remarked the professor, "a lady, pregnant for the first time, who, for six weeks, had vomited both liquids and solids, called in M. Bretonneau. He found the patient in a most alarming state—the affection progressed rapidly, and threatened to become inevitably fatal. This woman, when questioned, complained of sharp uterine pains. In a primipara, the fibres of the uterus are not broken in, if you will allow the expression, and not habituated to the process, and allow themselves to be distended with difficulty; and it is this which causes the pain. M. Bretonneau thought that the uterine pains were the cause of the other symptoms, and that if he succeeded in mastering them, he would overcome the sympathetic vomitings of the patient. Acting upon this idea, he covered the hypogastrium repeatedly with a mixture of belladonna; the vomitings ceased the same day, and recovery ensued. Sometime afterwards, he had occasion to observe another case, where the pains of the uterus did not exist; but he thought that even if the brain did not perceive the pains of the uterus, the ganglia might take note of them, and reaction occur. To modify these accidents, he believed it to be sufficient to prescribe the belladonna mixture, and was again gratified with complete success. The result of these and similar cases justifies him, he thinks, in laying down the following principle:

"Whenever, in a woman, pregnant for the first time, or many times, vomitings supervene during the course of gestation, frictions should be made upon the hypogastrium with a mixture of belladonna, and the vomitings will cease.

The professor then asks, "In what manner does the belladonna act? I confess it is impossible to determine. Can it be supposed that the foetus, in being developed, painfully distends the fibres of the uterus; that the vomitings are sympathetic, like those which supervene in cystitis, for example? This is possible. Whether it be this or something else, it is upon this hypothesis that M. Bretonneau has employed his remedy. He has promulgated his

* Yandell's Letters from Paris.

theory, and has endeavored to confirm it by facts. The fœtus distends the uterus, the nervous ganglia take cognizance of it, and sympathetic vomitings are the consequence. This is the theory, which you may adopt or not, but which must be admitted to conform, with marvellous exactness to the therapeutical results."

I had but just seen these opinions of M. Bretonneau announced, when I had an opportunity of making a practical application of them. My first patient, however, presented other symptoms than those described by him, for the relief of which he prescribed the belladonna mixture with such confidence and success. The result in this instance was equally fortunate.

Called in consultation, July 14th, 1848, to Mrs. L. W. D., æ. 24. This lady had been married about two years, and had miscarried once during the time, at about the fourth month of utero-gestation. She had been attended for several days before I saw her, by an experienced and scientific physician, who, failing in his efforts to relieve her of a most distressing cough, solicited my assistance.

Pregnancy, at the time of my visit, had not been suspected; but upon a more thorough examination of the case, assisted by the answers elicited from her by questions in reference to this condition, we satisfied ourselves of the existence of pregnancy. I immediately suggested to my colleague the theory of M. Bretonneau, and asked, if this theory be correct, might not the sympathetic irritation produced by the distended and fretted uterine fibres react as well upon the bronchial mucous membrane—thus producing cough—as upon the stomach? He caught at the idea at once, and we directed equal parts of ext. belladonna and lard to be rubbed together, and frictions made with the mixture, every four hours until our return. The next morning we were much gratified to find that the cough had entirely disappeared, and the patient feeling, of course, greatly relieved. She got up in a short time, and continued to enjoy moderately good health until she removed to Memphis, when we lost sight of her, but understood she was taken ill some months afterwards, and after suffering for several days, was delivered of a dead fœtus, at about the seventh month of utero-gestation. Having repeatedly seen the vomiting return after having been arrested by the application of belladonna over the hypogastrium, and again arrested by the same means, as promptly as at first, I am inclined to think now, that had the belladonna been used again in her case she might have gone to her full term, and possibly borne a living child.

Since the occurrence of this case, I have had repeated opportunities of testing the virtue of this article in similar cases, and in no instance has it failed to relieve the patient. It may be proper to remark, however, that any complications that may be found to

co-exist with this condition, such as gastritis, gastro-enteritis, constipation, &c., ought to be treated with their appropriate remedies; and when the vomiting has continued for a considerable time, I have usually applied cups, fomentations, &c., under the impression that the excessive vomiting itself had excited inflammation of the gastric mucous membrane. But this has probably been an unnecessary proceeding, since it would appear from the observations of some of the most distinguished physicians of Europe, that no such condition of the mucous membrane of the stomach has been found to exist in subjects examined after death from this disease. My own observations tend also to establish this fact. At least, I have repeatedly found that the most active means that could be used for the subduction of the supposed gastric inflammation, proved altogether unavailing until the belladonna was applied over the hypogastrium, when the vomiting has invariably ceased. Very recently I delivered a young married lady of a healthy female child, who, about the middle of December last, was taken with excessive vomiting, attended with such violent straining, that when I arrived, I found that the matters ejected from the stomach were streaked with blood. The stomach being also tender to the touch, I proposed at once the application of the cups. But no persuasion could induce her to allow scarifications, nor even dry cupping. Failing in this, I ordered a purgative enema, a stimulating foot bath, a mustard cataplasm over the stomach, and used a variety of anti-emetrical mixtures, but all to no purpose. I then applied a belladonna plaster over the hypogastrium, and very soon she was relieved of her nausea and vomiting, and had no return of it for eight or ten days, when the plaster was again resorted to, which relieved her as promptly as at first, and she had no return of it afterwards.

I have now under my charge a young married lady, pregnant about six months, who suffered for a considerable time before she applied to me for relief. The belladonna here, as usual, was prompt and effectual in stopping the vomiting. She made use of it once or twice afterwards upon feeling slight nausea, but she is now, and has been for several weeks, perfectly healthy and free from any trouble of that sort.

M. Dubois, while upon the subject of the "induction of abortion in the vomiting of pregnant women," during a recent discussion in the Academie de Medicine, "stated the results of his experience in relation to obstinate vomiting in pregnancy. In proof that this is oftener a more dangerous occurrence than is usually supposed, he stated that in the course of thirteen years he had met with twenty cases in which it had proved fatal. That obstinate vomiting is but the exaggeration of the natural sympathetic vomiting of pregnancy, and not due to any special lesion, is proved by the facts that at

the autopsies nothing is found, and that when the process of gestation becomes arrested, whether spontaneously or artificially, the vomiting is ordinarily put an end to, although the woman may not be delivered until several days after, of a dead child, and may yet die of the effects of what she has undergone." (Amer. Journal of the Medical Sciences, January, 1853.)

The observations of Dubois, Bretonneau, Ems, Duclos, Trousseau, and others, seem to go to establish the fact, that, no matter how violent or continued the vomitings are in these cases, there is no real inflammation of the stomach produced by them, and consequently any anti-phlogistic measures resorted to in view of this condition of the stomach, would appear to be, to say the least of it, unnecessary. Notwithstanding my own observations tend to establish the same fact, yet I cannot recommend an entire neglect of such adjuvant measures as would naturally suggest themselves to the intelligent physician. The bowels, of course, ought to be attended to, and the cups, fomentations, poultices, &c., may, I think, be justifiably resorted to upon a mere suspicion of gastric inflammation, for the patient is but slightly inconvenienced by them, and they will certainly relieve any inflammation that may exist. But I must protest against the blister. It will do no good at the time, and prove a source of great annoyance to the patient afterwards.

I have also used the belladonna ointment in cases of painful menstruation, with apparent benefit but my experience with it, in the treatment of these latter cases, is too limited to justify me in recommending it with any great confidence.

I have used it recently in a very violent case of dismenorrhœa, and it appeared to assist in relieving the pain; but so many other measures were resorted to, at the time, for the relief of this young lady, that it is impossible to determine what part, if any, the belladonna acted in giving the relief. I think, however, it is worthy a still further trial in these cases.

In conclusion I would suggest that it may be applied much more conveniently, and with equal efficiency, to the hypogastrium, by spreading the extract, undiluted, upon soft leather, in the manner of using the emp. cantharides, than by the plan originally suggested, of rubbing it on with the hand. This plan has the advantage, first, of being more cleanly, and secondly, may be re-applied by the patient herself, at any time when pain or nausea is felt.

From Frans. Med. Journal.

Inhalation of Chloroform in Pneumonia.

The late journals of Germany publish more than 200 cases of

pneumonia treated by inhalations of chloroform. Far from being contra-indicated in pulmonary phlegmasia as had been thought up to the present time, chloroform on the contrary would seem, according to these facts, to modify favorably the inflammatory process of the lung. From among the observations published, out of 193 cases treated by Drs. Wachner, Baumgartner, and Schmit, only 9 died. Of 23 cases reported by Dr. Waventrapp, of Frankfort, 19 were treated exclusively by chloroform, and only 1 died. Every two or three hours the patient is made to inhale the vapor from fifty drops of chloroform, during ten or fifteen minutes, so as never to let the effects reach to a loss of consciousness. All the patients were of adult age, and the disease upon an average had reached the fifth day. In every case it was observed that the chloroform had a diaphoretic effect, which was sometimes produced by the first inhalation, and never failed to manifest itself on the third or fourth day. It gradually diminished the local pain, and caused it to disappear; it calmed the thoracic anxiety, brought back the respiration to its normal type, always appeased the cough, facilitated the expectoration in rendering it less abundant; and, lastly, it reduced the febrile reactions and induced refreshing sleep three or four days after the inhalations were commenced.

From the London Lancet.

The cure of Squinting by the use of Prismatic Spectacles. By T. SPENCER WELLS, F.R.C.S.

Dr. Kurke, a Dutch physician, first recommended prismatic spectacles for the cure of squinting. He has recorded one case cured by their use in the Dutch journals. Dr. Von Grafe, of Berlin, has since employed them very extensively. During a recent visit to Berlin, I had frequent opportunities of observing their effects upon his patients, and I think that the result of his experience should be made known to the profession in England.

The glasses are fitted in ordinary spectacle frames. They are simple prisms of various degrees from 1 to 20. It would be possible to make them achromatic; but I have only seen the ordinary ones in use.

The operation upon the sound eye, as explained by Dr. Von Grafe, is as follows:—When a prismatic glass is held before one eye on any point of sight in the converging direction of the optic axis, the light falling upon this eye, is diverted from its former course, and no longer arrives upon the macula lutea, but forms a more or less excentric picture, according to the refracting power of the prism. From its position, this is no longer combined with the central picture on the retina into one perception, but is perceived

separately. Thus the object upon which the optic axes converge is seen double.

Theoretically this phenomenon should be observed when a prism of very moderate power is used; but observation teaches us, on the contrary, that no diplopia follows, when weak prisms are employed, especially if the base be directed outwards. This might be explained in two ways. Either the picture on one retina is suppressed, or the eye which sees through the prism takes a new position, which is not perceived by the observer, so that the picture is not formed excentrically, but falls, like that of the other eye, upon the macula lutea. The improbability of the first supposition at once appears from the fact that no diplopia is produced by weak prisms, while more powerful ones produce it at once, and the greater the excentric position of the picture the more easily it would be suppressed. The truth of the second explanation is established by a more exact observation of the position of the eyes. On applying the prism we see the optic axes deviate from their former position, and return to it as the prism is removed. At the moment of removal the object is seen double, because both axes are not directed upon it. Thus in order to prevent diplopia, an involuntary strabismus occurs, and we can produce this in any direction by corresponding positions of the prism, but most decidedly so inwards, less so outwards, much less so downwards, and least of all upwards. We can also produce strabismus in this manner in diagonal directions.

It follows that by the use of prismatic glasses, we have the power of altering the tension of any given muscle of one eye without producing any alteration in the other. This is the peculiar advantage which none of the ordinary orthopædic means formerly employed possessed. On the contrary, the result hoped for from their employment was not only frequently frustrated by the movements of association of the two eyes, but sometimes, as in cases of recent muscular paralysis, an effect directly the reverse of that desired was brought about.

The increased contraction called for from the relaxed muscle by the use of prismatic glasses is the source of their curative power. For example, in a case of convergent strabismus with diplopia a prism with its base directed outwards alters the position of the excentric picture on the retina of the squinting eye so greatly, and brings it so near the macula lutea, that single vision follows any voluntary power conveyed to the abductor muscle. Consequently, the angle of the squint is somewhat diminished. As it becomes less, and the power of the abductor increases, prisms must be used gradually diminishing in power, until at last a perfectly accurate corresponding position of the eye is attained at all distances,—in other words, the squint is perfectly cured. I have seen patients of

Dr. Von Grafe's who were thus completely cured in about six weeks, commencing with strong glasses of the numbers from 15 to 20, and gradually wearing them less and less powerful. They are principally applicable in young persons, who squint but slightly; and in cases of *diplopia binocularis*, where the abnormal position of one eye is only observed when an object some feet distant is regarded, they are the only certain means of cure.

In more marked degrees of *strabismus* the muscle must be divided, because the use of strong prisms, and the efforts of the patient to avoid *diplopia*, become very troublesome; and if the union of the two images causes too great an effort, an effect is produced exactly the opposite of that desired; for if the *diplopia* cannot be removed, the double images separate still further from each other, because when distant, they are not so intolerable as when near.

In many cases after operations for the cure of *strabismus* by division of the muscle in one or both eyes, although great improvement follows, the cure is not perfect. Some degree of squint still persists in one eye, and probably some *diplopia* when objects at certain distances from the eye are attentively regarded. In such cases, the prismatic glasses suffice to complete the cure commenced by the operation. I saw several instances in which this proved to be the case in the practice of Dr. Von Grafe.

I have patients under my care at present who are wearing these spectacles, and I shall take a future opportunity of making the results known. Messrs. Watkins and Hill, opticians, of Charing-cross, have had the glasses ground and fitted for me, and make them at any angle which may be required. Messrs. Bland and Long, of Fleet street, also make them.

July 24, 1853.

NOTE.—Of three patients who have used the glasses, two have been greatly improved, and still go on favorably. In the third, where the power of the squinting eye was very much less than that of the opposite one, the strongest prism which could be worn without producing *diplopia* was ineffectual, and I had to recur to the old method of exercising the squinting eye while the other was covered. I do not use an ordinary shade or bandage as a covering, but have an India-rubber ring, which fits the orbit, covered on the outside with silk, and fastened by a ribbon. This allows free motion of the eye and eyelids, while the light is perfectly excluded.

From the London Lancet.

KING'S COLLEGE HOSPITAL.

Tic Douloureux; Great Relief by Medical Treatment and Sub cutaneous Sections of the Nerve repeated at several months' interval; Relapse; Third Operation, including Section and Coulterization; Mitigation of Symptoms.

(Under the care of Dr. TODD and Mr. FERGUSSON.)

The following passage in the preface to Malgaigne's "Operative Surgery" chimes so completely with the views which have always been entertained in this journal, that we take the liberty of quoting it in full:—

¶ "A book on 'Operative Surgery' should, in order to satisfy the wants of the present race of surgeons, discuss for each operation—first, the indications and the surgical anatomy; pass in review all the methods which have been proposed; and, after a careful examination of the same, make a choice among them, assigning the reasons of the preference; and give a description of the different steps of the operative proceedings. The various modes of dressing the parts operated upon should then be pointed out; statistics of favorable and unfavorable results be adduced; the causes which led to the death of patients inquired into, by means of post-mortem examinations; and the measures best calculated to prevent a fatal issue carefully indicated. I have since been led to believe that even these details were not sufficient, for we are every day taught by experience not to consider as perfectly cured those who apparently recover, and that it is very important to keep an accurate account of relapses, both as regards the nature of the affections and the operative methods which were adopted. Nor is this all, for it is extremely interesting, even after the most undoubted cures, to study and observe the consequences of each operation upon the organs, the functions, and the general condition of the patient. The relation of any case which does not include the latter information may be looked upon as incomplete, and considerations of this kind open a new and wide field to the exertions of our modern surgeons."

We were forcibly reminded of the preceding observations when we saw Mr. Fergusson's patient re-appear for the third time in the operating theatre. The recollection of several other cases, in which the eventual result had fallen short of the expectations formed at first, naturally came before us, and we became more convinced of the truth of M. Malgaigne's remarks. But it must be confessed that the present case belongs especially to the class of those in which relapses may be expected; indeed, the section of the nerve in tic douloureux has been often found to fail, and we cannot help

suspecting that the cases of M. Jules Bonx, which we quoted in our last account of Mr. Fergusson's operation (THE LANCET, vol. ii. 1852, p. 316,) may, though at first successful, have shared the fate of the great majority of examples of tic, which, as is well known, are extremely difficult of cure.

It would nevertheless appear that the section and removal of about six lines of the inferior dental nerve at its entrance into the bony canal, has really and truly led to a complete cure in a case of Dr. Warren; even the simple subcutaneous section has succeeded in M. Bonnet's hands (this gentleman being the first who proposed to operate subcutaneously,) as also in a case mentioned by Mr. Fergusson after operating in the first place upon the present patient. It would, therefore, be well, supposing further attempts to be made, if the following rules, laid down by M. Malgaigne, were to obtain attention:—

1. The trunk of the affected nerve should be laid bare above the origin of all the branches in which pain is felt.
2. The parts operated upon should be relaxed so that no pulling of the nerves may be necessary.
3. The operator should ascertain, by raising and irritating the nerve, that he has really reached the seat of pain.
4. The nerve should be divided by a single cut, and as high up towards its origin as the wound will allow; a portion of the lower end of the nerve may then be removed without giving the patient any pain.
5. The portion excised should be as long as possible, and at least four or six lines should be taken away.

But it is well known that the two ends of a nerve, from which a portion *one inch long* was removed, have been found re-united (Swan); hence cauterization of the lower end of the divided trunk has been advised and performed; but relapses have occurred, notwithstanding this precaution. M. Malgaigne thinks that the reunion of the two ends might perhaps be prevented by isolating either one or both extremities of the divided nerve, and turning them round, so as to leave a kind of loop, after they had been soldered to the soft parts by the process of cicatrization; or else to detach a small piece of muscle from the surrounding soft parts, and interpose it between the two ends of the nerve; thus taking advantage of a pathological occurrence, which sometimes prevents union between the fragments of a broken bone.

It will be seen by the following particulars, that Mr. Fergusson adhered to most of the rules which have been thought best calculated to ensure success; the affection has, nevertheless, after three operations, been merely mitigated, and this fact will naturally appear of some weight to those who are not inclined to advise the section of the nerve. But the pain of tic douloureux is so distressing, and the ordinary means of relief are so powerless, that discouragement should not be allowed to paralyse further attempts,

and some way will perhaps be found to act upon the nerve (be it the facial, infra-orbital, frontal, or dental) much higher up than has hitherto been attempted.

By referring to the number of this journal to which we have above alluded, it will be seen that, after giving a description of the subcutaneous section performed by Mr. Fergusson, we concluded by the following words:—"The patient progressed extremely well: the wound healed rapidly, and he left the hospital a few weeks after admission, freed, at least for a time, from the very severe pain to which he had so long been subject."

We now continue the account, aided by the notes of Mr. Plowman, one of Dr. Todd's clinical clerks. It would thus appear that the patient (who is a bricklayer, about forty years of age) left the hospital at the beginning of August, 1852, about one month after the first subcutaneous section of the mental branch of the inferior dental nerve. About eight or nine days after his discharge, the patient was again attacked by the old pain, which proved as severe as ever; he became an out-patient of the hospital, and was much relieved by a course of carbonate of iron. Sensation returned in the integuments of the lower jaw about five months after the division of the nerve, but the neuralgia, as stated above, had reappeared about five weeks after the operation, and was then controlled by the admission of carbonate of iron. The patient remained free from pain until the end of January, 1853, but it then attacked him again, and he was re-admitted on the 3d of February, about seven months after the first operation. He attributed this relapse to a cold, and the paroxysms of pain went on increasing in intensity till they were quite as severe as at any other period. The poor man complained of great flatulence, and a feeling of distension, with some dull pain in the stomach not increased by food; the bowels were open, but the evacuations had been much indurated.

The neuralgia is situated over the right half of the lower jaw; the patient describes it as like the passing of red-hot wires through the cheek, and says it appears to start from the front of the ear, its chief severity being felt about the angle of the mouth; and towards the end of each attack it seems, he says, to radiate directly upwards from the same spot to the top of the head. It occurs in very frequent paroxysms (about every five minutes), and is very liable to be induced by movements of the jaws or lips, as by talking, &c. Violent friction appears to numb the pain, and is the only way in which he can at all relieve it.

After a warm bath and an alkaline purge, he was ordered five grains of carbonate of iron to be taken three times a day; but his digestive organs became deranged, and the bowels obstinately confined. The usual treatment was had recourse to for these symptoms, and about three weeks after admission the carbonate of iron,

in ten-grain doses three times a day, was resumed. The neuralgia began to abate. Dr. Todd ordered subsequently iodide of potassium; finally oil of turpentine, and opium, and on the 8th of March, about two months after admission, the paroxysms were much less in severity; the patient suffered only two or three times a day, slept well, and was discharged, considerably relieved, about one month after the second admission.

The paroxysms of pain suddenly returned one month after the patient's discharge, and recurred every quarter of an hour. He was re-admitted May 5th, 1853, at which period the paroxysm had become very frequent, recurring every three or four minutes. Dr. Todd ordered a warm bath, middle diet, and three minims of Fowler's solution in an ounce and a half of water, to be taken three times a day after meals. The pain was, however, not diminished by these means; it spread, on the contrary, to the whole of the right side of the face, and was no longer confined to any particular spot.

Thirty minims of chloroform were now inhaled four times a day, and soon afterwards, tincture of aconite was also rubbed in wherever there was pain, the bowels were at the same time kept quite free by the administration of scammony and colocynth every night. The paroxysms remained just as frequent as before, but diminished in intensity; and in a few days the purgative pills were changed to ten grains of colocynth, to which was added the sixth of a drop of croton oil; twenty minims of Brandish's potash-water were also given three times a day.

The improvement was very slight, and Dr. Todd considered that the time had now come to try the narcotic effects of tobacco. The patient was therefore desired to smoke every morning two drachms of that preparation of the leaf known under the name of Cavendish. The tobacco had not the desired effect, nor did it agree with the digestive organs; and the patient expressed, under these circumstances, the wish of having the nerve again divided by Mr. Fergusson. A second subcutaneous section was therefore undertaken on the 20th of May, 1853; it proved availing for a time, but the pain returned a few weeks after the patient had left, and he was admitted for the third time in August, 1853.

On the 20th he was brought into the theatre, and having been narcotized by chloroform, Mr. Fergusson made a semi-circular incision over the spot where the dental branch of the inferior maxillary nerve emerges from the bone. After some dissection, a greyish mass, looking like a neuromatous concretion, was brought into view; this was removed, being looked upon by Mr. Fergusson as the result of former operations. Nor is it at all unlikely that nervous bulbs were generated after the two preceding subcutaneous sections, and this would go far to make us look upon these sections (though advocated by such a good surgeon as M.

Bonnet, of Lyons) as extremely likely to aggravate the disease. This irregular state of parts completely obscured the relative anatomy of the region, and no distinct longitudinal piece of nerve could be cut away; but Mr. Fergusson used the actual cautery in the direction of the mental foramen, both to arrest hæmorrhage and to destroy as much as possible of the nerve within the canal. The flap made to bring the parts into view was then laid down again, fixed in the usual way, and the patient removed.

Mr. Fergusson remarked, after the operation, that he had now divided the mental branch of the inferior maxillary nerve for the third time upon the same patient; the two first times he had merely cut the nerve across, by means of a sub-cutaneous incision, and on each occasion considerable relief had been obtained, but he had now resolved to lay bare the nerve, and cut off a portion of it.—The neuromatous mass, which was seen during the dissection, was probably the consequence of the former operations, and it was to be hoped, now that the two ends of the nerve were so widely separated, and the trunk had been cauterized within the canal, that the benefit would be somewhat more lasting than it had hitherto been. Proceedings of this kind had long been in abeyance, but as the patient felt no pain when under the influence of chloroform, there could be no objection to resort to the section of the nerve, as a *dernier ressort* in cases of facial neuralgia.

We carefully watched this patient from the date of the operation (August 20) to September 22, when he was discharged; and it was evident that the operation had considerably relieved him. The wound was, at the time of his leaving the hospital, quite cicatrized, and scarcely visible, and on being questioned, the man stated that the pain was not by far so severe as it had been, but there remained a gnawing sensation which annoyed him very much.

We think it unnecessary to add any comments to the relation of this case; if the patient has now less pain, the operation (especially with the aid of chloroform) seems to us very justifiable, and we would merely call attention to the gradual spread of the nervous inflammation which must have taken place since the disease begun. Originally the pain was confined to the base of the jaw in the vicinity of the chin; but on the third admission it is described as "starting from the front of the ear, the pain being chiefly felt at the angle of the mouth, and towards the end of the attack the distressing sensation seemed to radiate from the same spot to the top of the head." Now does this imply that the facial, infra-orbital, or frontal branch of the supra-orbital nerves, became implicated? As to the facial, many pathologists (and among them M. Berard) have denied that it could be the seat of neuralgia; but, however that may be, it is plain that the affection known under the name of facial neuralgia, is apt to spread and implicate several other

nervous branches and trunks; and this is a sufficient reason for not allowing the disease to take its course, and should be an incentive for surgeons to try every means of checking the progress of the affection.

When alluding to this case, now just twelve months ago, we stated that tic was rarely met with in our hospitals: we have no reason to modify this opinion, for we have not seen *one case* in our rather extensive nosocomial circuit since last we mentioned the disease. One remark we would finally make respecting the spot where the nerve, on further trials, might advantageously be attacked, and on the manner of cauterizing the ends of the nervous trunk. Though the use of trephine seems somewhat severe, it would, perhaps, be useful to bring the dental branch to view just as it is entering the canal, by raising a flap over the proper region, and using the trephine. If it were desired to cauterize, besides taking away a piece of the nerve, the platinum wire might conveniently be introduced cold, either into the bony canal, or between the pyterygoid muscles, and when in proper position made red-hot by means of the battery, according to the plan introduced by Mr. Marshall, of University College Hospital, and lately put forth at Paris, by the son of M. Amussat, as an *original contrivance*.

In a medical point of view we should not overlook the good results obtained in this case by the carbonate of iron, which acted so beneficially in Dr. Todd's hands. This circumstance should encourage us to persevere longer than is generally done in the use of martial preparations; the same being aided by all those hygienic and dietetic means which are known to invigorate the system.

From the London Lancet.

Soot as a Deodorizer of Privies.

We in Carlisle (on the Local Board of Health) have derived great help, at little cost, in the removal of manure, otherwise so perilous, by the immediately subsequent use of a few shovelfuls of soot. The suggestion was made to us by the Rev. Mr. Dew, of St. Cuthbert's Church, and serves to show what important aid may just now be rendered by the co-operation of the clergy and other intelligent men. Soot is, generally, most easily had where quicklime is scarce, and *vice-versa*. In Carlisle, British cholera prevails abundantly and obstinately; but with the exception of one case that ended fatally, and, on the evidence of two intelligent and experienced medical men, exhibited unequivocally the symptoms of Asiatic cholera, we have had no clearly marked cholera here. I know of no other cases of death from this or similar diseases at this

juncture, except the single one mentioned, and this was a fortnight ago. Carlisle is abundantly supplied with pure river water (from far above the city), and our common lodging-houses have long been most carefully regulated. Our operative and poorer classes, too, have been long, and are undergoing a process of spreading out; or popular evolution, which, by giving to each family their own door and more elbow-room, is clearly productive of immense good. Between our ancient city and the equally old town of Newcastle-on-Tyne there is daily railway communication, by five trains each way. Cholera rages but sixty miles off, in Newcastle, more or less since the 31st ult.; it has latterly been slaying its five or six scores daily, yet has not in three weeks got possession of Carlisle, though cheap trips, with goodly numbers of passengers, pass both east and west. Let the advocates of contagion or infection (the idea of which is too paralyzing to the non-medical community—too natural to the timid and uninformed, to need encouragement)—let them examine these facts, and do the fullest justice to them, since an opposite course is so palpably unfair, unmanly, and impolitic. An old Indian army surgeon and his lady, have just told me that the natives have no such ideas.

ROBERT ELLIOT, M.D.

Carlisle, Sept., 1852.

¶

From the London Lancet.

Proposals to Substitute an Elastic Cup for the present Cupping-Glass.

Much credit is due to the inventor of the "atmospheric breast-pump," made of a galvanized india-rubber globe, which, being tightly compressed, and its mouth-piece adapted to the nipple, resumes its form of a globe on the pressure being withdrawn; the milk then flowing into it to fill the vacuum.

Instead of the present plan of using the spirit-lamp or spirits of wine before applying the cupping-glass, would it not be much simpler and better to have cups made of the same substantial and elastic material, which answers so well when applied to the breast?

THOMAS STRATTON, M.D. Edin.,

Hydrophobia.

From the London Lancet

In chapter x., p. 150, of Mr. E. E. Crowe's "The Greek and the Turk, or Prospects, &c., in the Levant," I find the following: "A physician of that city (Athens) has discovered in the stems of asparagus what he considers a certain specific against hydrophobia, and asparagus is, fortunately, to be had at those seasons when hydrophobia declares itself. The physician has had frequent occasions to employ his specific, and always with success."

From the "Materia Medica" it appears that a decoction is made from asparagus as follows:—"Take of the root of asparagus, one ounce; water, two pounds; boil and strain. It is stimulant, and reputed diuretic. It is taken as a common drink in dropsies."

Query what would be the strength of such a medicine in a form stronger than a decoction? Mr. Cowe does state the amount of the dose to be given, and how often daily, &c. W. H.

Oriental Club, September, 1853.

From the London Lancet.

Upon the Difference of Temperature between Venous and Arterial Blood. By G. V. LIEBIG.

Former investigations upon this subject have led to conflicting results. Most of the older observers, such as Haller, Crawford, Kramer, Seudamore, &c., having declared that the arterial blood (in the left cavities of the heart) is warmer than the venous blood of the right cavities by one 1° ; while A. Cooper, Coleman, Mayer, Autenrieth, etc., either pronounce the temperature of all kinds of blood equal, or give to the venous blood an excess of temperature over the arterial of 0.5° . The author proceeds, in his attempt to explain these differences, to inquire, whether the high temperature be found in the blood flowing from the lungs, or in that from the capillaries, and he reverts to some of his former observations upon "muscular respiration."

The experiments were conducted both upon living and recently-killed animals. That death might be caused quickly, and without loss of blood, the medulla oblongata was severed in some instances, and narcotin was administered in others. The thermometer was introduced, either by the juglar vein or the carotid artery, to the requisite depth to the heart; or it was inserted into the crural vein, or the vena cava abdominalis. Respiration was prolonged after death, when necessary. The experiments were performed upon dogs, and with every possible precaution to avoid errors.

The results were—1. That the temperature of the blood in the right cavities of the heart exceeds that of the left cavities by 0.05° — 0.16° ; 2. That the blood flowing into the heart by the vena cava descendens is cooler than that of the vena cava ascendens (probably because the blood which the former vessel contains comes from parts which present to the atmosphere a very great extent of surface in which a process of cooling takes place).

In the venous system, there go on changes of temperature corresponding with the respiratory act. In the vena cava superior it was remarked that at the end of each inspiration the temperature of the blood rose; between inspiration and expiration it at-

tained its maximum; towards the end of expiration it fell; and was at its lowest point after expiration. When animals breathe, or rather expire, shortly and quickly, and then inspire deeply, the variations of temperature are greater than usual. When the thermometer is in the right auricle, the highest degree corresponds with inspiration, and the lowest with the beginning of expiration. When the breathing is very short and hurried, these changes of temperature become diminished, or even cease altogether. In the vena cava abdominalis the same phenomena were not observed; in the vena iliaca they were reversed, the maximum occurring after expiration, and the minimum after inspiration.

The author then remarks upon the mechanical influence exerted by the respiratory movements upon the circulation in veins.—The enlargement of the thoracic, and the diminution of the abdominal cavities, coincident with inspiration, cause the blood of the vena cava ascendens to flow into the right auricle, during and especially at the end of inspiration. The contents of the vena cava descendens are less than those of the vena cava ascendens, and they are cleared out at the beginning of inspiration. During expiration, the abdominal cavity is widened, and the vena cava abdominalis gains both in space and contents. Towards the end of inspiration, the auricle will therefore be filled by the warm blood of the vena cava abdominalis; and at this moment is observed the highest degree of variation in the heart's temperature. In expiration the blood streams into the auricle chiefly from the vena cava descendens, and then is remarked the minimum of temperature. As regards differences of temperature in different parts of the same system, the author found the blood of the vena cava sup. 0.16° , and that of the auricle 0.20° . Between the auricle, where the blood from two vessels of different temperature is not completely mixed, and the ventricle, the difference amounted to $0.1-30.20^{\circ}$.

In the arterial system there are no variations dependent upon the movements of respiration, or they are very slight, amounting to $0.01-0.06^{\circ}$, and connected with the changes in the right cavities of the heart, and the cooling of the blood in its passage from the heart.

In dead animals, the temperature of the blood of the right ventricle exceeds that of the left by 0.16 . In two experiments, however, the temperature was found the same in both cavities. The temperature of the blood of the vena cava abdominalis was once, upon opening the chest, found 0.72° higher than that of the thoracic portion of the carotid during life. The same observations were repeated in several experiments. The blood of the vena cava abdominalis, which comes from the capillaries of the lower extremities, and of some of the abdominal viscera, is the warmest blood in the body, even in animals where the heart has been emp-

tioned by bleeding, and to this point the author attaches great importance.

It would be desirable to know the amount of cooling which the blood undergoes in its passage through the lungs; but the subject is fraught with difficulty. The fact, however, if established, is most important, inasmuch as the source of animal heat has been referred by many to the organs of respiration. As regards the warmth of the blood in the vena cava abdominalis, it must be remembered, that the vessel lies imbedded in soft, highly organized parts, where, under all circumstances, heat is retained for a longer time than in other parts of the body; and perhaps this fact will explain the cause of the warmth of blood in that vessel as satisfactorily as any theory of changes going on in the capillary system. —*Schmidt's Jahrb.*, 1853.

Impending Death from the Inhalation of Chloroform; Recovery by the direct Insufflation from Mouth to Mouth, according to Mr. Ricords Method.

M. Boinet has just published in the *Bulletin de Therapeutique* the case of a lady, 30 years of age, who inhaled chloroform to escape the pain of having the forceps applied. She was short and ill-proportioned, and it had been a question whether the natural term of gestation should be waited for, or whether premature labor should be induced. The former course was adopted, but the head became locked at the outlet of the pelvis. Before the forceps were used, a cambric handkerchief, upon which about two drachms of chloroform had been poured, was held at a short distance from the patient's nose. She was soon quite insensible, without experiencing any excitement; and as the operation was being prolonged, M. Boinet desired the husband again to place the handkerchief to the patient's mouth, as she was beginning to move about, and to utter faint cries. The transaction was now renewed, and the child extracted; but the husband being engrossed by the operation and the perilous situation of his wife, left the handkerchief upon her face, though he had been recommended to take it off immediately the patient was again insensible. Just as the child was being withdrawn, the assistant who was watching the pulse, stated that it had stopped. The cord was quickly cut, the child removed, and the windows thrown wide open. The heart had ceased to beat, the most complete relaxation of the frame existed, the pallor was extreme; in fact, all the characteristics of death had made their appearance. For five minutes cold water, ammonia, slapping &c., were used with the greatest solicitude, but in vain, and the patient was declared dead. M. Boinet thought, however, that he would not give up the case until he had tried the mouth to mouth insufflation. This mode of filling the lungs with air remained at first

ineffectual, as the cheeks flapped back immediately the blowing ceased; bellows were also tried, but to no better purpose. And now, finally, as M. Boinet states, a few more direct insufflations were attempted; more to avoid the imputation of leaving the patient too soon than from any hope of recovering her. These were then continued with great energy, while the assistant pressed the lower part of the thorax, to excite the diaphragm to action. At last the patient made an inspiration, which the author compares to the last gasp of a dying person; and he continued the insufflations without much hope of observing a second inspiration, as the pulse and heart were quite still. But in a few seconds a second breathing effort took place, and the patient gradually recovered, exactly as happens with those who wake from their narcotic sleep without having experienced any arrest of circulation. When the patient was quite recovered, the placenta was taken away, and she made a very good recovery. The question now arises whether this was a mere swoon, which would have been recovered from without any efforts at insufflation.

Notes of a few Cases of Hernia. Treated by T. J. Orr, Cincinnati.

A. D., aged forty-seven years, very corpulent, weighing over three hundred pounds, had been ruptured at the umbilicus for about three months; the rupture was through the lower margin of the ring, extending down the linea alba about ten lines, forming with the ring a triangular opening. The tumor when fully protruded, was about eighteen lines in diameter, very tense, but could be readily reduced by pressure with the fingers.

MAY 14th.—Returned the bowel and applied a pyramidal or nipple-shaped pad, corresponding in its lateral diameters to the irregular form of the herniary opening, and of such a size as to pass in firmly against its edges, being prevented by a round shoulder on the body of the pad from sinking in deeper than the thickness of the wall of the abdomen.

JULY 17th.—Removed the instruments, and found the skin very red and tender to the touch, the discoloration about the navel being about the size of a dollar, and supposing the inflammation had terminated in the effusion of lymph, we applied the "cup pad," formed like the preceeding, but excavated in its centre to such a width as to reach a line or two beyond the margin of the opening, and to such a depth as to contain only, and be completely filled by, the skin and the other coverings of the hernia—wider at its mouth than at the bottom, so as not to strangle the parts included.

JULY 27th.—On removing the instrument, the navel presented the appearance of a large rivet head—an exact cast of the cup. in

the pad, the redness had entirely disappeared from the part contained in the excavation, but a bright areola remained outside of the boundary marked by the cup. The part was washed with cold alum water, and the instrument re-applied.

JULY 10th.—Lifted the pad off and examined the protuberance which was of the same color and temperature of the healthy skin, but felt like a solid cartilaginous knob, perfectly agglutinated together down to the ring. There was no impulse imparted to the finger when the patient coughed.

The cupped pad was now laid aside, and one slightly convex applied, which, in ten days, flattened down the projection and completed the cure.

CASE 2nd.—Mr. T. J., aged forty-five, a merchant of delicate habit and very relaxed fibre, had hernia of both sides for ten years; general health much impaired, symptoms, those of inveterate dyspepsia. The tumor of the right side from the external ring to the testicle, occupied the entire scrotum, putting it considerably on the stretch, internal ring dragged within half an inch of the external, both greatly enlarged and relaxed. The sac was thickened by frequent occurrence of inflammation in the tumor. On the patient lying down the bowel would pass immediately back into the cavity of the abdomen, and again protrude in coughing, turning in bed, or by almost the slightest movement of the body, keeping up in this way an almost incessant irritation of the digestive organs.

The tumor of the left side, about the size of an egg, was the common inguinal form, had not passed through the external ring.

MAY 5th.—Commenced the treatment by reducing the tumors and applying a double instrument with the nipple pads, the elevation on the face of the pad for the right side, was cut to the depth of three or four lines, wide enough, and of such a figure as to cover accurately the hernial aperture, for the left side, the projection was of about the same depth, but longer as the rings were the usual distance apart. These pads so formed, that their lower margins correspond exactly with Pupart's ligament, the projections from their face resting over the centre of the inguinal passage.

MAY 20th.—Removed the truss and found under each pad a red spot of the same shape and size of the projection on the pad; directed a cold wash for the part, and the instrument to be re-applied.

JUNE 10th.—Examined the patient, the part of the pad was entirely buried in the integuments, forming a deep indentation which was very red and tender. The nipple pads were now removed, and the cupped ones took their place, their cavities so

formed as to exactly cover the depression caused by the pressure of the former.

JULY 1st.—Found that the inflamed depression in the wall of the abdomen had mounted up into the cups in the pads and so completely packed in as to impart to the touch the sense of much greater density than the surrounding parts. The skin covering the eminence had entirely lost its redness, was in fact paler than elsewhere, having an appearance of the effusion of serum under the cuticle. Ordered the use of an astringent lotion, and the pads returned into precisely the same track.

JULY 15th.—Found no appreciable change, the instrument was worn from this time until the fifteenth of August, when the case appeared to be radically cured, but for fear it might return, an instrument of about half the strength, with flat pads was substituted and worn for thirty days, when the patient was able to dispense with it altogether.

CASE 3d.—Master George, a lad of eight years old, had scrotal hernia of the right side, caused by a paroxysm of whooping-cough, the bowel was projected through the inguinal passage with great force, so as to reach a point quite below the posterior margin of the scrotum, where it lodged between the skin and perineal fascia near the anus.

This case may be said to be the same as if it had been congenital, for up to the time of the protrusion of the gut, there had been but one testicle (*i. e.* the left one), the bowel could be stripped back with the fingers through the abdominal rings, leaving behind the sac which was evidently the tunica vaginalis, and the other coverings of the testicle perfectly empty, or at least containing nothing but the mere rudiments of that gland.

The treatment in this case, after the bowel had been reduced, consisted, first in the use of the pyramidal pad for thirty days, followed by the cupped one, which was worn about the same length of time, when the instrument was taken off, since which (being over five months) there has been no appearance of the disease up to the present time.

[We have examined a number of the cases of Hernia that have been treated by Dr. Orr's peculiar method; and we are perfectly satisfied that his success entitles him to the confidence of the profession. There is no department of Surgery in which there is so much quackery as in the management of Hernia, and in this city it has been allowed to go too much into the hands of unprincipled charlatans, who have no knowledge of the anatomy of the parts involved, or the proper mechanical means to be used for their relief. We are therefore pleased to see a man of Dr. O.'s integrity and qualifications, making Hernia a speciality.]

A Case of Ovariectomy. By J TAYLOR BRADFORD, M. D., of Augusta Kentucky.

The subject of this operation was Miss Nancy Harrison, an unmarried young lady, twenty years of age. At the time the tumor appeared, she was but little over nine years old. It was felt in the left groin, and then appeared to be about the size of a goose's egg. About three years after the tumor was perceived, the menstrual flux occurred, and continued to return at pretty regular intervals. The progress of the tumor was watched by Dr. Basil C. Duke, of Mayslick, the intelligent physician of the family, who says: "when I became satisfied that it was a case of ovarian tumor, I insisted upon Miss H's visiting some of the most distinguished surgeons, and I visited Lexington in company with her. She was advised by all those to whom she applied, not to submit to the operation as they looked upon it as hopeless.

When I was sent for to visit her, she had just returned from Lexington. On examination, I found the walls of the abdomen so much distended by the enormous tumor, that very little, if any, movement of the foreign body could be effected. Upon the anterior superior part of the tumor above the umbilicus, could be felt a hard substance, evidently imbedded in the sac. It seemed to be about the size of the hand, and suggested the idea of bone. I thought in particular positions, and by certain manipulations, it was slightly moveable, gliding under the parietes of the abdomen.

Assisted by Dr. Dunlap, of Riply, Ohio, and in presence of Dr. Duke, who aided us by judicious suggestions, on the 14th of last June, I proceeded to remove the tumor. The patient was subjected to the influence of chloroform—not sufficiently to produce profound sleep, but to annul pain. The pulse did not vary ten in a minute, from the commencement of the operation, till six hours after it was completed. An incision of from sixteen to eighteen inches was required for the extraction of the tumor. At first it was carried to the extent of about four inches down to the tumor, and then extended downwards to the pelvis, and upward, two inches above the umbilicus, making some twelve or fourteen inches.—Finding that a strong adhesion to the omentum, existed at the upper part of the tumor, I was obliged to carry the incision three or four inches higher. The bands connecting the tumor to the omentum, proved to be large and very firm, and were inserted by several points, into the bony substance which had been recognized before the operation. It required considerable force to break up the adhesion, which was done by the fingers and the handle of the scalpel. The procedure gave rise to very little hemorrhage. The sac was now punctured, and after drawing off about three gallons

of fluid, we attempted to raise the tumor out of the abdomen, but finding it too heavy to handle, we determined to draw off what fluid still remained in it. This being done, we were able to reach the base of the tumor, at which there were no serious adhesions. Lifting the tumor from the cavity, the pedicle was transfixed with a needle, armed with four strands of saddler's silk; the ligature was then divided at the eye of the needle, each segment of the pedicle was tied securely, and the tumor extirpated about two inches above the ligature.

The appearance presented by the contents of the abdomen, on the removal of the tumor, was striking and exceedingly interesting. The liver, the stomach, the spleen, and the intestines, were all in full view under the eye, and in a perfectly healthy condition. It is the first time that I have witnessed such a spectacle in the living human body. The viscera were not disturbed further than was requisite for sponging out the blood and little liquid which had insinuated themselves among them.

On examination of the tumor, the hard substance spoken of, as felt through the walls of the abdomen, proved to be bone. It was contained within the sac in front, and extended through its entire length. It consisted of scales of bone, varying in size from that of the thumb nail, down to that of a pin's head. The surface of the sac, on the inner and front part, was rugose and uneven, whilst the part lying next to the back was smooth, without any appearance of osseous degeneration. At the bottom of the tumor, lying in the pelvis, there was several small fleshy tumors of various sizes, from that of a cocoa nut to that of a hen's egg. On cutting into these tumors a little fluid escaped, and within each one, there were found to be a series of still smaller sacs of various shapes.—The most diminutive of these groups of cells, were so small, as scarcely to be visible to the unassisted eye. The principal sac, bony substance, fleshy part of the tumor, and liquid, all, weighed forty-one pounds and eight ounces.

The patient had a quick recovery, without a single unpleasant symptom. The operation required twenty-four minutes. In six weeks from the time it was performed, the young lady who had been twelve years burdened with the tumor, was riding about returning calls.—*Western Journal of Medicine and Surgery.*

From the American Journal.

Surgical Cases. Aneurismal Tumours upon the Ear, successfully treated by the Ligation of both Carotids.—Recto Vaginal Fistula, cured by Operation.
By R. D. MUSSEY, M.D., Professor of Operative Surgery in the Miami Medical College, at Cincinnati, Ohio.

CASE I. *Aneurismal Tumours upon the ear treated by Ligation of both Carotids.*—Early in November last, Luther Gordon,

æ. 19, accompanied by his physician, Dr. Kramer, came from Indiana, with his head bound up, to this city, on account of aneurismal tumours upon his left ear, and was admitted into St. John's Hospital.

The cavity of the concha was occupied by a pouch which rose above the level of the antitragus, and another covering the tragus and extending some way anterior to it, and pushing outward, was as large as a middling-sized nutmeg. Continuous with the upper part of this was a considerable elevation of the integument which covered the scaphoid fossa, and an inch and a half of the fossa innominata. Below the root of the ear, in the depression between the mastoid process and the ramus of the jaw, and partially covered by the lobulus, was a globular tumour of the same character, as large as a moderate-sized Isabella grape. All these tumours or pouches, were elastic, and compressible almost to obliteration, pulsed strongly, and seemed to have a communication with each other, like the portions of an arterial varix. The whole circumference of the ear was larger than that of the other, and its integuments everywhere hypertrophied.

L. G. was of medium stature, with auburn hair and hazel eyes, and, although somewhat delicate in appearance, had enjoyed, from childhood, a pretty uniform health. From birth there was a cutaneous nævus in front of the left ear, but it attracted no particular attention. About eight years ago small elevations of the integument were observed at the points already described as the site of the tumours, in which pulsation was perceptible, especially after exercise. This, together with the size of the tumours, slowly increased, until, a month before he came here, the posterior extremity of the pouch occupying the fossa innominata burst open, causing alarming hemorrhage. This was suppressed by compression; and, subsequently, when the bandage and compresses were removed, the crust covering the opening gave way, and a pulsating jet of arterial blood followed.

With reference to the treatment of this case, the most promising course which presented itself, was the ligation of one or both carotids. The success which followed the tying of the primitive carotid, by Mr. Travers, in 1809,* for "aneurism by anastomosis of the orbit;" and in a similar case by Mr. Dalrymple, in 1813; † and also the tying of both carotids, by Dr. J. Mason Warren, in a remarkable case of vascular tumour of the mouth, face, and neck, in 1846, ‡ afforded encouragement for this procedure; yet the case I had in 1829 § in which I tied both carotids for a large vascular

* *Medico-Chirurg. Trans.* vol. ii.

† *Ibid.* vol. vi.

‡ *Amer. Jour. Med. Science*, vol. ii. New Series, p. 281, 1846.

§ *Ibid.* vol. v. p. 316, 2829.

pulsating tumour on the vortex of the head, not having been cured until the tumour was dissected away, left room for doubt whether, in the present instance, the ligature of both carotids even might not fail of accomplishing the end desired. I determined, however, to resort to the application of a ligature to one of these vessels, possibly both. The patient had been kept chiefly on farinaceous food since the first outbreak of the hemorrhage, and it was now enjoined upon him to live wholly without animal food until the operation.

On the 18th of November, I tied the left carotid. The pulsation in the tumours ceased on tightening the ligature, and did not afterwards return. His food was strictly farinaceous, with water for his only drink. After the lapse of ten days, a little milk was allowed. No unpleasant symptom occurred, except that when he began to sit up, which he was permitted to do in twelve days, he complained of indistinctness of vision in the left eye. It continued for several days, though less and less marked, till it ultimately subsided altogether. This symptom, indicating a defective supply of blood to the visual apparatus, has been sometimes observed, but I had not myself before noticed it in either of the six cases in which I had applied a ligature to the common carotid. A slow reduction of the tumours took place; but, as it was quite doubtful whether a cure would follow, I proceeded, in four weeks, to ligate the right carotid. A slight effect was observed on the vision of the right eye when the patient began to sit up, similar to what had taken place with the other.

The two operations were performed while the patient was asleep from the inhalation of a mixture of chloroform, one part by measure, and washed sulphuric ether, two parts. Both arteries were tied just below the crossing of the omohyoid muscle. One ligature came away in sixteen days, the other in twenty. After the second operation the reduction in size of the tumours was much more rapid. In about three weeks, collodion was applied and repeated every two or three days. This seemed very much to promote the contraction of the pouches, and on the 28th of January, viz., seven weeks from the last operation, L. G. left for home with scarcely a vestige of the tumours remaining. I considered the result of the operations to be a permanent cure.

The last of April, three months after the patient went home, one of his physicians, residing near him, called on me, and gave the assurance that there were no remains of the swelling, and that he regarded the case as perfectly cured.

CASE II. *Recto-Vaginal Fistula*.—Mrs. G., æ. 28, of fair complexion and delicate appearance, but possessing a pretty good constitution, apparently free from hereditary tendency to disease, was married between five and six years since. Being subject to

costiveness, the recto-vaginal wall, under the influence of undue pressure, gave way some time after marriage, and a fistulous opening remained. This was somewhat enlarged during labor with her only child, which was born some two years after matrimony. Being very cleanly in her habits, Mrs G. was able to keep herself comfortable when the feces were of a firm consistence, but when diarrhoea, or a state approaching it, existed, a considerable portion of the contents of the rectum passed through the vagina. All along, the monthly evacuation was uninterrupted, and the state of the bowels was regulated by aperients and injections.

On the 25th of March, 1853, I performed the first operation, which consisted in a division of the sphincter ani on one side, the object of which was to promote the contraction of the fistula by allowing the feces to pass through the anus without effort. Before this wound was quite healed, I proceeded, on the 20th of April, assisted by my son, Dr. Wm. H. Mussey, Dr. A. M. Slocum, and Dr. Logan, to the second operation. The hair having been removed from around the anus and posterior part of the vulva, the patient was put into the anæsthetic state by the mixture of chloroform and ether, and placed in the position usually chosen for lithotomy, the lower limbs being supported by assistants. A bivalve speculum was passed into the anus, while the sides of the vulva were drawn aside. In this state of tension of the parts, the fistula, brought fully to view, was sufficiently large to admit the two fingers. It was slightly oval shaped, its longest diameter forming an angle with the median line. The edges of the opening were freshened by a straight, narrow, sharp-pointed bistoury, and brought in contact and sustained by the *clamp suture* of Dr. Sims, of Alabama. A piece of elastic gum catheter was secured in the urethra; and the urine, the whole of which passed through the instrument, was received by a sponge, or a folded cloth. The catheter was removed and cleaned every second or third day, and returned to its place, or replaced by a new one. The patient lay chiefly on her back, sometimes upon her side. She slept well the night after the operation, after taking the eighth of a grain of the sulphate of morphia. She took this dose but once more during her confinement; in a few instances, when a little restless at evening, she took a teaspoonful of the fluid extract of valerian. She generally slept well at night. The pulse was scarcely, if at all, accelerated; there was no thirst; the tongue was clean; and there was no headache, except a little in the mornings after morphia or valerian had been taken.

This undisturbed state of the system was to be attributed, in a great measure, to the unstimulating and spare diet which was persevered in. Up to the eighteenth day from the second operation, she lived on *two to two and a half crackers a day*. The whole

weight of this solid food was *less than five ounces* ; the only drink was cold water. On the eighteenth day, a gill of milk for the twenty-four hours was allowed in addition. The vagina was daily injected with water, and mopped dry. On the *seventh* day the stitches were cut out, and the wound was found united through the whole extent. The catheter was left out on the *eighteenth* day, and the patient allowed to be bolstered up a little in bed for half an hour, which was repeated two or three times a day afterwards.

On the *twenty-fourth day* a motion of the bowels was procured by two drachms of castor-oil made into an emulsion with mucilage, and given every three hours until it operated. Nothing had passed the bowels all this while, except occasionally a small quantity of gas. From this time Mrs. G. took more food ; was soon able to sit up all day ; and left for home on the *twenty-second* of May, four and a half weeks after the operation. Two weeks after she had returned home, she wrote that she was perfectly well in all respects.

Dr. Sims* is well entitled to the thanks of the profession for having introduced what he calls the *clamp suture*, in the treatment of vesico-vaginal fistula, consisting of two cylinders of silver, or lead, perforated at several points, for the passage of pieces of small silver wire, which are to supply the place of thread, and which are to be prevented from slipping by perforated shot carried down upon them, pressed against the cylinders, and kept in place by being firmly pinched with pliers. Dr. S. makes his cylinders one line in diameter, and his wires of the size of a horse-hair.

In the case of Mrs. G., I used leaden cylinders, a line and a half in diameter, believing that they would be less liable to become imbedded, and to cause ulceration in the soft parts against which they are pressed ; they were perforated too at distances of *one-fifth* of an inch, instead of *one-third*, or more, of an inch, as practised by Dr. S. I see no objection to the stitches being within the fifth of an inch of each other, inasmuch as there is little, if any, tendency to suppuration around the wires ; and there seems to me to be this advantage from the near stitches, viz., that the parts intermediate to them may be brought into sufficiently firm contact for adhesion, with a less amount of pressure, and of course with less liability to strangulation of the vessels of the parts included in the suture. Dr. Thomas, in the eastern part of Ohio, now of Pittsburg, Pa., who treated a case of vesico-vaginal fistula with entire success, placed his stitches in the clamp suture about the fifth of an inch apart. The wire which I employed in the recto-vaginal fistula, was not far from twice the diameter of a horse hair. I suppose that the shot compressed upon it is a little less liable to

* American Journal of Medical Science, Jan., 1852.

slip than upon one only half the diameter. The stitches were entered about one-third of an inch from the cut edge of the opening and carried as deep as possible, without passing through the mucous lining of the rectum. When the suture was removed on the seventh day, it was found that a slight ulceration existed where the extremity of one of the cylinders lay. This was healed in a few days.

Cincinnati, June 20, 1853.

P. S. I saw Mrs. G. on the 30th of July, more than three months after the operation, in a state of perfect soundness of health.
August 25, 1853.

On Intermittent Pneumonia. By Dr. CONSTANT.

Dr. Constant, practising in one of the marshy districts of the department of the Lot, draws attention to the signs which distinguish what he terms intermittent pneumonia, as when they are overlooked the disease proves rapidly fatal.

1. The initial shivering is usually more intense and prolonged than in ordinary pneumonia. 2. The pleuritic pain is felt early, and always in front of the chest, although the pulmonary congestion is almost always localized posteriorly. It is much more amenable to blisters than to leeches. 3. Violent cephalalgia is one of the earliest symptoms, being either frontal or sincipital, and it is often accompanied by severe lumbar pain, which observes the same stage of increase and decrease as itself. 4. The shivering is followed by intense heat, which after several hours gives place to abundant sweating. 5. The pulse, during the paroxysm, in place of being full, strong, and vibrating, as in ordinary pneumonia, is rapid, soft, undulant, and compressible. 6. There is never any purulent expectoration, these pneumonias never proceeding beyond the second state—i. e. red hepatization, the pulmonary engorgement being rather a sanguineous congestion than inflammation. 7. Auscultation and percussion are of the highest value, often revealing the disease when unsuspected. A distinctive feature is the rapid passage from the first to the second stage of the disease, so that 8 or 12 hours after auscultation had revealed only a slight circumscribed *rale*, a whole side will be found hepatized. Under the influence of large doses of quinine this rapidly disappears, giving way to returning subcrepitant *rale* during the remission of the fever, but returning again during the paroxysm if this have not been cut short. 8. The crepitant *rale* of the first stage is almost always moist, the parchment-crackling *rale* only having been heard for a short period, two or three times in more than 60 cases. It invades large surfaces rapidly, being heard posteriorly, sometimes rapidly, but never in front.. 9. This form of pneumonia

especially affects the posterior part of the lower lobes. 10. It especially appears in summer and autumn, while ordinary pneumonia prevails in spring and winter. 11. It attacks all ages indiscriminately, except early infancy. 12. The blood which flows from a vein is often below the normal temperature, very black, and deficient in plasticity. After rest, its surface acquires a bluish color, especially if the patient is taking quinine. The clot is slow in formation, and soft. The buffy coat is absent, or very thin, and inclines to a bluish color. This condition of the blood, conjoined with the soft pulse and rapid hepatization, constitutes the chief distinctive sign of the affection.

In this district, during winter, purely inflammatory pneumonia is met with; but in proportion to the high temperature and the production of malarial emanations, this inflammatory element is replaced by the paludal one. There are indeed three forms met with:—1. Simple pneumonia; 2. Spring inflammatory pneumonia, complicated with the intermittent paroxysm; 3. Summer and autumn intermittent pneumonia. The first requires bleeding and antimony; the second, antiphlogistic treatment with quinine, given either simultaneously or subsequently; and the third, quinine in combination with external revulsives. These forms may still undergo further admixture, accordingly as the inflammatory or paludal element prevails, requiring appropriate modification in the treatment.

EDITORIAL.

A Practical Treatise on the Diseases of Children, by J FORSYTH MEIGS, M. D., &c. Second Edition, revised and enlarged. Philadelphia: Lindsay and Blakiston. 1853.

ONE characteristic of the present age is the rapid diffusion of knowledge. New facts and new principles, instead of being hoarded up as the property of a single observer, are scattered broadcast over our land, to be appropriated by all who choose to read.

The frequent demand for new editions of standard works affords to their authors the opportunity of modifying their views as affected by their own experience, and of incorporating into their books the facts and observations of others.

Dr. Meigs has enhanced the value of the new edition of his work by an introductory essay on the clinical examination of children, by the re-arrangement and re-writing of the articles on croup, bronchitis, and pneumonia; by a discussion of the value of tracheotomy in croup; by the insertion of an article on atelectasis or imperfect expansion of the lungs; by a revision and partial re-writing of the article on scarlet fever, and by the addition of more than a hundred pages of new matter on diseases of the skin.

The diagnosis between spasmodic croup and membranous croup is always attended with more or less difficulty. The following comparison of symptoms, as given by Dr. Meigs, appears to us to be valuable:

Mild cases of spasmodic croup may be distinguished from membranous croup by a comparison of the different symptoms as they arise. The most important of these are: the invasion, in one sudden and almost invariably in the evening or night, in the other, slow and creeping, the paroxysm occurring indifferently day or night; the cough, in one hoarse and boisterous, in the other, hoarse and frequent at first, but rare and smothered towards the end; the voice, in one hoarse, but never scarcely whispering, and if so, only during the height, in the other hoarse at first, and soon permanently whispering or entirely lost; the cry, in one hoarse and stridulous only at the moment of the paroxysm, in the other per-

manently so; the respiration, in one stridulous and difficult only during the paroxysm, and in the interval perfectly natural, in the other, at first natural, becoming by degrees permanently stridulous, and attended by the most violent dyspnoea, with remarkable prolongation of the expiration; the fever, in one very slight and generally observed only during the nocturnal paroxysm, in the other much more considerable and permanent; and lastly, the duration, in one seldom more than two or three days, in the other rarely less than six, and very often eight or ten days. M. Trousseau states that the *hoarse-sounding, croupal* cough, is not a sign of the presence of exudation in the larynx, but rather of its absence; but, "when the cough, croupal at first, becomes less and less frequent, and ends with being nearly insonorous with suffocation, there is true croup, that is to say, with plastic exudation in the larynx." This is precisely my own experience. The rare insonorous cough of M. Trousseau, is the condition which I have expressed by the term smothered.

In order to render the diagnosis still clearer, I add the following table, which is altered from one given by Rilliet and Barthez.

MILD SPASMODIC LARYNGITIS. PSEUDO-MEMBRANOUS LARYNGITIS.

Begins with coryza, and hoarse cough, or more frequently with a sudden attack of suffocation in the night. Fauces natural, or merely slight redness, as in simple angina.

After the paroxysm, the child seems well; the fever disappears, or is very slight. Voice natural or only slightly hoarse; not whispering.

If the paroxysm returns, it is during the following night, and it is less severe; the hoarseness disappears; the cough becomes loose and catarrhal.

Duration seldom more than three days.

Very rarely fatal.

In epidemic form, begins as pseudo-membranous angina. In sporadic form, invasion of slight hoarseness for a day or two.—There is fever, increase of the hoarseness, with hoarse, croupal cough; in half the cases pharyngeal exudation, and a little later paroxysms of suffocation.

The fever continues; stridulous respiration; prolonged and difficult expiration; cough hoarse and smothered; voice hoarse and whispering.

The dyspnoea and suffocation increase; the voice and cough are smothered or extinguished; stridulous respiration persists.

Duration seldom less than five or six. The hoarseness continues for several weeks.

Fatal in the majority of the cases.

The only real difficulty in the diagnosis is the distinction between the grave form, and pseudo-membranous laryngitis or true croup unconnected with angina; and this, it would appear from all evidence, cannot in some cases be made with absolute certainty. The only certain and indubitable sign by which to distinguish them, is the presence of false membranes in the expectoration.—The existence of this symptom is proof positive of pseudo-membranous disease, but its absence is no proof that the case must be one of simple inflammation; for, even though the membrane has been exuded in large quantities within the larynx, it is not always thrown off by the effort of coughing or vomiting. To show the difficulty of the diagnosis, I will cite the case quoted by M. Valleix (*Loc. cit.* t. i. p. 211) from M. Hache, of a child supposed to be laboring under true croup, who was sent to the Children's Hospital in Paris in order to have the operation of tracheotomy performed. The absence of false membrane in the expectoration, and a slight remainder of clearness of the voice, occasioned the suspension of the operation. The child died, and no pseudo-membrane whatever was found in the larynx. The only lesions were moderate redness of the mucous membrane, without tumefaction, and without narrowing of the glottis; so that the fatal termination must be ascribed to spasmodic constriction of the glottis, or to tumefaction of that part which had disappeared after death.

Nevertheless, though the diagnosis is difficult, it can generally be made out with considerable certainty by attention to the following points. The pseudo-membranous form of the disease is often preceded or accompanied by the presence of false membranes in the fauces, which is not the case in spasmodic simple laryngitis; the symptoms of invasion of the former disease are less acute than those of the latter, the fever being less violent, and the restlessness and irritability less marked, than is usual in the simple affection, in which the general symptoms are severe from the first. The hoarseness of the voice and cough follow a different course in the two diseases; the progress of these symptoms being slow and gradual in the membranous, and much more rapid in the severe spasmodic form. The fever is violent throughout the attack in the severe spasmodic disease, whilst in the other form it seldom reaches a high degree of intensity. Lastly, the presence of portions of false membrane in the expectoration, in connection with the laryngeal symptoms, affords positive evidence of the existence of true croup.

Of the characters just enumerated as likely to aid us in distinguishing between severe spasmodic and true or membranous croup, I wish to call the reader's attention in greater detail to two, the first of which is the condition of the voice. This is, I have no

doubt, much the most important single symptom. In membranous croup, the voice begins by being hoarse, but soon becomes weak, so that after the disease has lasted three or four days, it changes from hoarse to whispering; it becomes, in fact, suppressed. Now in severe spasmodic croup, the voice is hoarse at first, and becomes more so as the disease goes on, but it very rarely becomes whispering as in true croup, but almost always retains a good volume, so that when urged the child can speak out loudly. This is never the case in membranous disease, for, as the fibrinous exudation is deposited on the vocal cords and in the ventricles of the larynx, it suspends almost entirely the functions of those parts, and the voice is more or less completely suppressed. The remarks just made in regard to the voice, will apply also to the *cry*, which should be carefully studied in young infants.

Another symptom that ought to be closely scrutinized, is the stridor. This is, as might be expected, more marked in all its features, in true than in false croup, since in the former it depends on a permanent and considerable obstacle to the passage of air through the larynx. That tube is, in fact, completely coated over upon its internal superficies, with a more or less thick false membrane, which reduces materially its calibre, and impedes to a great extent, the passage of air, than does the mere inflammatory turgescence and swelling of the mucous membrane of the organ in severe spasmodic croup. On this account, therefore, the stridor in the respiration is louder, shriller, more persistent, more marked in the expiration, and attended with greater effort of the respiratory muscles to overcome the obstacle to the passage of the air in membranous than in severe spasmodic croup.

To conclude, there is in membranous croup, a slow, steady, and unrelenting progression of the symptoms, which is not observed in the spasmodic disease. From hour to hour, from day to day, we can perceive, so to speak, from the gradual and steady march of the disease, that a foreign body in the form of a fibrinous moulding, is being spread slowly over the cavity of the larynx. In severe spasmodic croup, on the contrary, the course of the symptoms is less regular; paroxysms of suffocation occur as in true croup, but when these are over, the child is often quite comfortable, the symptoms indicating a much less considerable permanent mechanical obstruction than in the other affection.

In reference to the treatment of membranous croup after mentioning emetics, of which he prefers alum, (as recommended by Prof. Meigs), and mercurials, he says :

The application of astringent and caustic remedies to the fauces, is of great importance in all cases beginning simultaneously in the

pharynx and larynx. In membranous angina, when the disease shows any disposition to extend into the larynx, the use of these remedies constitutes one of the most essential points in the treatment, but of this a full account will be given in the article on that disease. In all cases of true croup, however, whether attended with fibrinous deposit in the fauces or not, I believe it will be found useful to employ the nitrate of silver as a local application to the pharynx, and low down over the chink of the larynx. I have made use of solutions of different strength, from five to forty grains to the ounce, and prefer, on the whole, one from ten to twenty grains. This should be applied low down in the pharynx, so as to touch the epiglottis, by means of a mop made of a small piece of soft sponge fastened upon a bent whalebone. The application is to be repeated twice or three times a day, or more frequently, according to the violence of the symptoms, and the effects of the remedy.

The subject of tracheotomy is discussed at length. In reference to it, our author says:

In a consideration of the propriety of this operation in croup, there are, it seems to me, two points in particular to be examined: 1. Whether it offers any chance of success whatever; and 2. Whether it is in itself dangerous. Now, in regard to the first point, we find, on consulting the English medical authors, and they are almost universally of opinion that it is scarcely ever successful, and therefore unjustifiable. When we turn to the French writers, on the other hand, we find that most of the recent authoritative writers on the diseases of children and on practice, recommend it as a legitimate method of treatment, and even press it upon us, as offering much additional chance of safety to the patient. The success of the operation among the French has been as follows: M. Bretonneau had six recoveries in twenty operations; M. Leclerc, of Tours, had one in two; M. Velpeau, two in ten; and M. Petel, three in six (*Rilliet et Barthez, Mal. des Enfants*, t. i. p. 379). M. Valliex (*Loc. cit.* p. 389) states that he found, upon examining into the results of tracheotomy, that the operation had been successful in nearly *one out of three*. M. Trousseau, who has performed the operation so much more frequently than any one else, is said to have had one hundred and thirty-five operations of which only one in four was successful, up to the year 1850 (*L'Abeille Médicale*, June 1st, 1852, p. 146). Since 1850 his success has been much greater, owing to certain modifications in the canula he employs, and in the after-treatment of the case. In 1850, he had six operations, and in the first months of 1851, eleven. Of the seventeen seven were successful.

The same modifications have been introduced into the Children's Hospital at Paris, and with the following results. In the space of fifteen years, more than forty operations had been performed without a single cure. In 1850, after the changes just referred to had been made, nineteen operations were performed, of which six were successful, and in the first seven months of 1851, sixteen were performed, of which seven ended favorably (*L'Abeille Med.*, loc. cit.) Of the modifications made by M. Trousseau, in his methods, I shall speak hereafter.

The modifications of M. Trousseau alluded to are the following:

In the first place, the patients, owing to a general change in the mode of treatment of croup, are in a better condition for the operation than formerly. The treatment consists usually of cauterization of the fauces with a very strong solution of the nitrate of silver (one part to three of water) of insufflations of alum into the throat, and emetics. Bleeding and blisters are generally avoided, as both are thought to be injurious, the former by debilitating the patient, and the latter because they are painful, useless, and because they became covered with false membranes, which have sometimes caused the death of the patient, when the operation has been otherwise perfectly successful.

In the second place, M. Trousseau has abandoned the use of the caustic instillations into the larynx and trachea, which he formerly employed in every case. He rarely makes use of emollient injections. He now employs only a double canula instead of a single one as formerly, which latter he was obliged to remove two or three times in the twenty-four hours, a proceeding always painful and nearly always difficult during the first two days. Now, the parents remove the internal canula every few hours as often as it becomes clogged, and clean and replace it without causing pain or irritation. Formerly, the neck being left exposed to the air, the mucus in the canula and trachea dried up, and he resorted to frequent instillations of water, and a process of swabbing out with a sponge-mop, in order to remove these obstructions. Now, as soon as the operation is finished, he envelopes the neck in a cravat, so that the expired air is in part inhaled again, thus preserving its warmth and particularly its moisture. By this proceeding, the drying up of the mucus in the trachea and bronchia is avoided, expectoration is much easier, and injections and swabbing are no longer necessary. M. Trousseau formerly left the wound exposed to the air, contenting himself with dressing it sometimes with a

little charpie covered with cerate. The wound became covered with false membranes, inflamed violently, and sometimes became even gangrenous. Now, he places over the charpie a piece of waxed silk, pierced with a hole for the passage of the canula, by which means the incision is protected doubly by the cravat and by the shield of waxed silk. On the day after the operation, he cauterizes vigorously all the divided parts which become covered with false membranes, and repeats the cauterization two or three times until the surface of the wound is perfectly clean.

It would afford us pleasure to follow our author further had we space. The chapters on diseases of the skin are interesting although necessarily somewhat imperfect.

Dr. Meigs has done essential service to the profession in the publication of this work. We regard the improvements in the present edition as valuable, and can cordially recommend it to our readers.

For sale by D. B. Cooke & Co., 135 Lake st., Chicago. J.

The Microscopist, by JOHN H. WYTHES, M. D. Philadelphia: Lindsay & Blakiston.

THIS little work contains directions for using the microscope and also for preparing and mounting objects. It also contains chapters on minute, dissection, injection, &c.

As there are many physicians who are using the instrument, and many others who are desirous of doing so, who feel the embarrassment of having to learn everything from experience, we quote a part of the chapter on mounting and preserving objects for examination,

TRANSPARENT OBJECTS.—Transparent objects are mounted on slips of glass, the size of which, as adopted by the Microscopic Society of London, is 3 inches by 1 inch, or 2 inches by 1½ inches. The French opticians, however, prepare many of their slides 2¼ inches by ⅝ths of an inch, and this size is most frequently imported into the United States; indeed, a larger size is unsuitable for many of the French instruments, although to be preferred on other accounts.

There are three methods of mounting transparent objects. 1st, in the dry way—in which the object is simply placed on the glass, and covered with a thin glass cover, cemented by its edges to the under piece, with sealing-wax, varnish, &c.

2dly. In some preservative fluid.

3dly. In Canada balsam.

The glass slides should be clear, free from veins and bubbles, uniform length and breadth, and should have their edges ground smooth by rubbing them on a flat cast-iron plate with emery and water.

Sections of teeth and bone, and of some kinds of wood, hairs of animals, scales of butterflies, test objects from the infusoria, &c., are best mounted dry; but all very delicate animal and vegetable tissues, to exhibit their structure clearly, should not be mounted in the dry way, nor in Canada balsam, but in some preservative fluid.

Dr. Goadby has devoted much time to this subject, and has succeeded in supplying to the microscopist a ready, cheap, and effectual means for mounting animal structures with the greatest possible ease and security. Dr. G. received a gold medal from the Society of Arts for his invention. He has kindly furnished me with the following description of his preserving fluids:

"A 1. Bay salt (coarse sea-salt), 4 ounces,
Alum, 2 ounces,
Corrosive sublimate, 2 grains,
Boiling water, 1 quart.

"A 2. Bay salt, 4 ounces,
Alum, 2 ounces,
Corrosive sublimate, 4 grains,
Boiling water, 2 quarts.

"The A 1 fluid is too strong for most purposes, and is only to be employed where great astringency is required to give form and support to delicate structures.

"The A 2 fluid may be very extensively used, and is best adapted for permanent preparations; but neither of these fluids should be used in the preservation of animals possessing any carbonate of lime (all the Mollusca), as the alum becomes decomposed, and the sulphate of lime is formed and precipitated and the animal spoiled. For such use the

"*B fluid, specific gravity 1.100.*

Bay salt, 8 ounces,
Corrosive sublimate, 2 grains,
Water, 1 quart.

"Marine animals require a stronger fluid of this kind, viz., specific gravity 1.148, which is made by adding more salt (about 2 ounces) to the above.

"The corrosive sublimate is used to prevent vegetation growing in the fluid, and no greater quantity should be used than 2 grains per quart of fluid; but, as it coagulates albumen, it must be left

out when ova are to be preserved, or when it is desired to maintain the transparency of certain tissues."

MOUNTING IN FLUID.—The most minute structures, such as the vessels of plants, and the muscular and other tissues of animals, requiring in all cases high powers for their proper exhibition, must of necessity be preserved in very thin cells with a small amount of fluid.

On a slip of glass, 3 inches by 1, cleaned by a solution of caustic potash to remove all grease, lay a drop of the fluid; put the object in this and spread it out with the point of a needle, &c.—Select a thin and flat glass cover, clear it likewise from grease, &c., touch its edges with cement, and drop it gently over the object.—Press it lightly to exclude the excess of fluid, which can be removed by strips of blotting-paper. Then cement the edges of the cover to the bottom glass. Care must be taken to exclude all air-bubbles from between the glasses. Objects mounted thus do not keep long, and it is best to make a thicker cell. This may be made by painting a round or square ring on the slip with some sort of cement which will not be acted upon by the fluid employed.—White lead worked with 1 part linseed oil and 3 of spirits of turpentine is well adapted for this purpose.—In this ring, the fluid and object are placed and the cover put on.

MOUNTING IN BALSAM.—Before objects are mounted in Canada balsam they should be perfectly clear and free from moisture.—They are commonly soaked in turpentine, especially opaque objects, as it renders them more transparent. Grease may be removed by sulphuric ether.

Very thin and transparent objects become indistinct in balsam; they should be made dark. Vegetable matters may be charred between two plates of glass over a lamp. Other structures which cannot be charred, may be dyed by soaking in a decoction of fustic or logwood, or a weak tincture of iodine.

The balsam should be warmed on the slide to expel the air.—When objects of a cellular nature have to be mounted, if they are such as heat will not much injure, they may be boiled in the balsam; otherwise numbers of air-bubbles will be left in the cells, and the true structure cannot then be made out satisfactorily.—The extra degree of heat will expand the air and cause it to escape, and the balsam will take its place.

Some object of a tubular nature, such as the trachæ of insects, are better seen if air be contained in the tubes; they will then exhibit the spiral fibre in their interior; but a tracheal tube filled with balsam does not show the fibre at all, the balsam having made all the parts transparent. Small insects, such as fleas, and the parasites of animals, when not overheated, show the ramifications

of the trachæ, but those which have been soaked long in turpentine, or have had the air expelled by heat, do not exhibit the spiral markings except under polarized light.

When air is to be got rid of, the heat must be high; otherwise, the use of turpentine must be avoided, the heat of the balsam kept low, and the mounting accomplished quickly.

The best way to heat the balsam on the slide is to place the slide on a small table made of iron or tin, to which a spirit-lamp is applied, as first suggested by Dr. Goadby; yet with careful management a spirit-lamp will do alone.

These extracts show the practical character of the work. It is not designed for the experienced Microscopist, but for those just entering upon this interesting department of study. To such the little volume before us, will be valuable, and we take pleasure in recommending it for their perusal.

It may be had of D. B. Cooke & Co., 135 Lake st. Chicago. J.

Transactions of the Illinois State Medical Society. June, 1853.

THE volume of transactions for the present year contains, besides the minutes of the annual meeting, the annual address before the Society by Dr. Davis, an interesting and valuable report on Drugs and Medicines by Dr. Blaney, together with papers contributed by Drs. Thompson, Hall and Andrews.

The address by Prof. Davis will be read with pleasure. It demonstrates the intimate relation of medicine to the whole range of natural sciences, while in its practice it is shown to be closely interwoven with all social interests of society. Dr. Davis has labored earnestly and with a will, for the advancement of true medical science, for the elevation of the standard of professional education, and in his address before the State Society, he urges as a means for the accomplishment of this end, the recognition of individual responsibility. It is shown that the error lies at the commencement of the course of study. Physicians receive into their offices young men whose preliminary education is poor; after a short curriculum of study they commence practice, some without even having attended a medical college, others after having listened to a single course of lectures, while comparatively a few appreciating the value of a thorough professional education, are content

to toil that they may finally reap the rewards of toil, to carefully study nature, that they may be prepared as her priests to interpret her mysteries.

The report of the committee on Drugs and Medicines briefly exhibits the condition of Pharmacy in the United States at the present time.

A note of inquiry was addressed to the different druggists of this city. In reply to the several questions propounded the following answers were obtained :

"1st. The law of 1848 for the inspection of drugs, &c., has operated decidedly upon the drug market, and to the great improvement of the quality of many articles, particularly roots, such as Rhubarb, Sarsaparilla, and Jalap; barks, particularly Cinchona, and Gum Opium.

The law has not fully accomplished the object for which it was designed, but has answered all reasonable expectations. Its good results have been slow; for, the drug condemned in one port, has been repeatedly re-shipped to hail from some unexpected point, and perhaps find entry at some small port unwatched by the inspectors; but continued vigilance has increased the risk and cost of such shipments, until the *worthless* articles are as scarce as the *really good* four years since; indeed, they are not in first hands at all, although considerable yet remains in the hands of retailers.

2d We have noticed a decided improvement in the quality of drugs and medicines of home production since the operation of the Drug Law.

3d. We have abundant reason to suppose home adulteration is practised to a great extent, and Vol. Oils, Powdered Roots, Barks, and Gums, are the prominent subjects of it. Cream of Tartar is very extensively adulterated, and careful large dealers purchase crystals of this and most other articles of this character, and have them ground as the only way of securing them positively pure.

There are extensive operators who make the adulteration of oils a regular trade, and all false barks and roots that most resemble genuine, are in active demand for adulterations, and bring a price proportionate to their resemblance to officinal kinds.

4th.. Medicinal preparations and substances of home manufacture and productions are generally of uniform and good quality, but we think American manufacturers fail in the quality of Iodine, Iodide of Potash, Precip. Carb. Iron, and some other preparations of Iron, Nit. Silver. Spts. Nit. Dulc., Aq. Ammon., Ethers, and Chloroform, all of which are variable in quality, and some of them never good.

The coarser substances used largely in the arts, and chiefly made for that end, such as Nit. Potash, Sulph. Iron, Pruss. Blue, &c., are often used medicinally, but are so entirely unfitted by their impurity, that the chemically pure ought to be carefully selected for prescription use.

5th. American Quinine has been of unexceptionable quality for four years past, and honest in weight and quality.

Sulph. Morphine has generally been good, but of more variable quality than Quinine. A large share of the Blue-mass, made here, is very perfectly manufactured and of reliable strength, and this is true of all the preparations of mercury.

Rhubarb root, Ipecac in root and powder, are generally good in first hands. There are large quantities of miserable extracts in market, but extracts of most excellent quality are made by two American Houses, (we refer to Messrs. Schieffelen, Haines & Co., and Tilden & Co.,) and are much more reliable than most of the imported.

6th. *It is* "usual with dealers, in this city, to keep on sale articles of different quality and strength," such as all powders of Gums, Roots, Barks, Ether, Aq. Ammon, Spts. Nit. Dulc., Nit. Silver and Extracts.

We are obliged to say Physicians *do not* "generally buy the 'purest and best' qualities," although the proportion that do increases encouragingly.

Physicians and country dealers generally, buy the inferior or medium qualities, to use and to sell, because the price is lower.—Families in the city generally purchase the *best* without particular reference to price. This is particularly the case with Americans and English of the best class.

7th. Official preparations are *not* always made "according to the U. S. P. or of the purest and best materials." There is, however, more lack of the proper attention to *quality* than *quantity*, and therefore cannot be of uniform strength. This is a branch of this subject, of very great importance, and calls for as much action as any part of it. A large share of the compounds and drugs dispensed in the retail shops are outrageous in their quality, and the compounds not only made from worthless material, but put together by boys or incompetent hands.

The purchasers are the country practitioner and the unfortunate community at large. These remarks apply more particularly to country shops, although those of the city are, unfortunately, more or less owned or conducted by uneducated apothecaries.

8th. We have frequently seen samples of Laudanum and Pargoric, made and sold in this city, so abominably compounded as to scarcely resemble a good preparation, and almost entirely inert.

They are sometimes dispensed to families, and sometimes bottled for the jobbing trade.

9th. Foreign Quinine has not been sold in this market to any considerable extent for several years."

From these replies it will be seen that physicians are to a certain extent, guilty of encouraging the adulteration of drugs by purchasing those of inferior quality and of lower price. This is a humiliating confession, wrung from us by the facts brought forward by the chairman of the committee. The report is a valuable addition to the literature of our State, and reflects honor alike on its author and the Society.

The contributions by Drs. Hall and Andrews have already been published in this Journal. The article of Dr. Thompson we shall refer to again. J.

Maternal Management of Children, in Health and Disease, by Thomas BULL, M. D., &c. Philadelphia: Lindsay & Blakiston.

THIS volume contains much useful information for mothers.—The chapter on medicines is especially valuable, as tending to discourage the indiscriminate use of calomel, opiates, cordials, &c., which have obtained such universal popularity in the nursery.

The book is not designed to supersede the physician, but simply to aid the mother in the management of her child in health, and in the trivial ailments for which the nostrums of the day are used so indiscriminately and with such injurious, and in many cases fatal results to the little patients.

For sale by D. B. Cooke & Co., 185 Lake st., Chicago. J.

Yellow Fever in New Orleans.

THE death angel that during the last summer, has hovered over our sister city, gloating its greedy gaze on the victims of the dreadful pestilence, has passed away, restored health has inspired confidence, families are returning to their desolated homes, and the pulse of life beats strongly and firmly, where a few weeks since was the stillness and silence of death. The calamities of this devoted city, have touched the heart of this great nation, stirring its sympathies and inciting to the exercise of a holy God-like charity.

However sad may be this visitation, and however gloomy may

be the shadow which it has cast over our whole country, it has still furnished the occasion for the exercise of those noble ornaments of our natures, *brotherly love and relief*. The members of the Howard Association, by their assiduous care for the sick, and by the exposure of their own persons, to the deadly infection in endeavoring to alleviate the sufferings of the dying, have illustrated a name which will be ever held sacred by humanity.

The clergy with but few exceptions, remained with their flocks, administering in the hour of trial, the consolations of religion, pouring into the wounded heart the balm of sympathy, and inspiring it with the hope of a brighter, purer and holier world, where suffering is unknown.

But physicians, more than any other class of men, have been required to perform a herculean labor, and to feel the most intense and painful anxiety. During the last few months 20,000 *poor persons* sick of the epidemic, have been treated by the members of the medical profession in New Orleans. More than three-fourths of the whole medical services, rendered during the last summer have been gratuitous. The cooling breath of evening, at the close of the weary day has brought to them no assurance of rest, for the pestilence slumbereth not. In each new victim, death and the physicians met and measured swords, and cases were not unfrequent in which, worn with fatigue and disheartened at the fearful sights which they were called to witness, they returned to their homes only to lie down and die.

We might reasonably expect, in view of the sacrifices which the profession has made, that its services would be acknowledged, and such we believe in the majority of instances is the case.

We cannot forbear however, in this connection, from alluding to a discourse recently delivered in this city, by the talented editor of the *North Western Christian Advocate and Journal*, on the pestilence in New Orleans. The Howard Association, and the clergy of that afflicted city, were alluded to in terms honorable alike to the head and heart of the speaker, while a single reference was made to the members of the medical profession in which they were sneeringly called the "Sapient sons of Esculapius." We respect

the man, but we despise the bigotry that ignores merit, because it happens to be found without the circle of the "holiest men in the world." We seek no favors; we ask no gratuitous services of the public, or at the hands of the clergy; but we demand for ourselves and for our brethren in New Orleans, simple justice. J.

American Medical Association.

At a meeting of the American Medical Association, held at New York, in May 1853, the undersigned were appointed to receive voluntary communications on medical subjects, and to award two prizes of \$100 each, to the authors of the two best essays.

Each communication must be accompanied by a sealed packet, containing the name of the author, which will be opened only in the case of the successful competitors.

Unsuccessful communications will be returned on application after June 1st, 1854.

Communications must be addressed, post-paid, to the Chairman of the Committee, Dr. CHARLES A. POPE, 123 Locust street, St Louis, Missouri, on or before the 30th of March, 1854.

CHAS. A. POPE, M. D.

THOMAS REYBURN, M. D.

JOHN S. MOORE, M. D.

JOHN B. JOHNSON, M. D.

A. LITTON, M. D.

Committee.

CHAS. A. POPE, M. D.

Chairman.

"Old Wine in new bottles."

DR. Dixon in the last number of his racy journal, the *Scalpel*, charges us with a very grave crime. We published in our Sept. No., an article headed "*Great capacity for Physic.*" The article was taken from the *Kentucky Medical Recorder*, we found it there without credit, but as it was among selections from other Journals, we supposed that it was not original with our confreres of the *Recorder*. Illegitimacy is our horror, and we always advocated the doctrine that every child should have a daddy. We confess,

however, to an obtuseness in not seeing a relation between the pungency of the article and the keenness of the Scalpel.

We had nearly forgotten that very lucid argument, in Plato's Gorgias, we think it is, where it is shown conclusively, that every cut must be such a cut as the thing cutting cuts. J.

Departure of Professor Brainard.

PROFESSOR BRAINARD sailed for Europe on the 15th ult. He expects to spend the winter in Paris, for the purpose of becoming acquainted with the Physicians and Surgeons of that city; and also for observing the present position and progressive tendencies of that department of our science, to which he has devoted himself with such unwearied industry, and with such signal success.

We are gratified in being able to announce to our readers a series of letters from Prof. B., giving his impression of men and things in Europe.

He will return in May next, to resume the practice of Surgery in this city. J.

Rush Medical College.

THE introductory to the regular course of lectures in this institution was delivered on the 7th inst., by Professor Herrick.

The subject was the influence of climatic and other natural agencies, in effecting change in man's physical and mental nature. The class in attendance is unusually large for the commencement of the session. The friends of the college will be gratified to know that its prospects were never more gratifying, than at present. J.

Books Received.

FROM BLANCHARD & LEA—Miller's Practice of Surgery; Wilde on Diseases of the Ear; Taylor's Medical Jurisprudence; Budd on the Liver; Williams' Principles of Medicine; Condie on Diseases of Children.

FROM LINDSAY & BLAKISTON—Walton's Ophthalmic Surgery; Headland on the Action of Medicines; Henle's General Pathology.

All of which will be noticed in our next.